

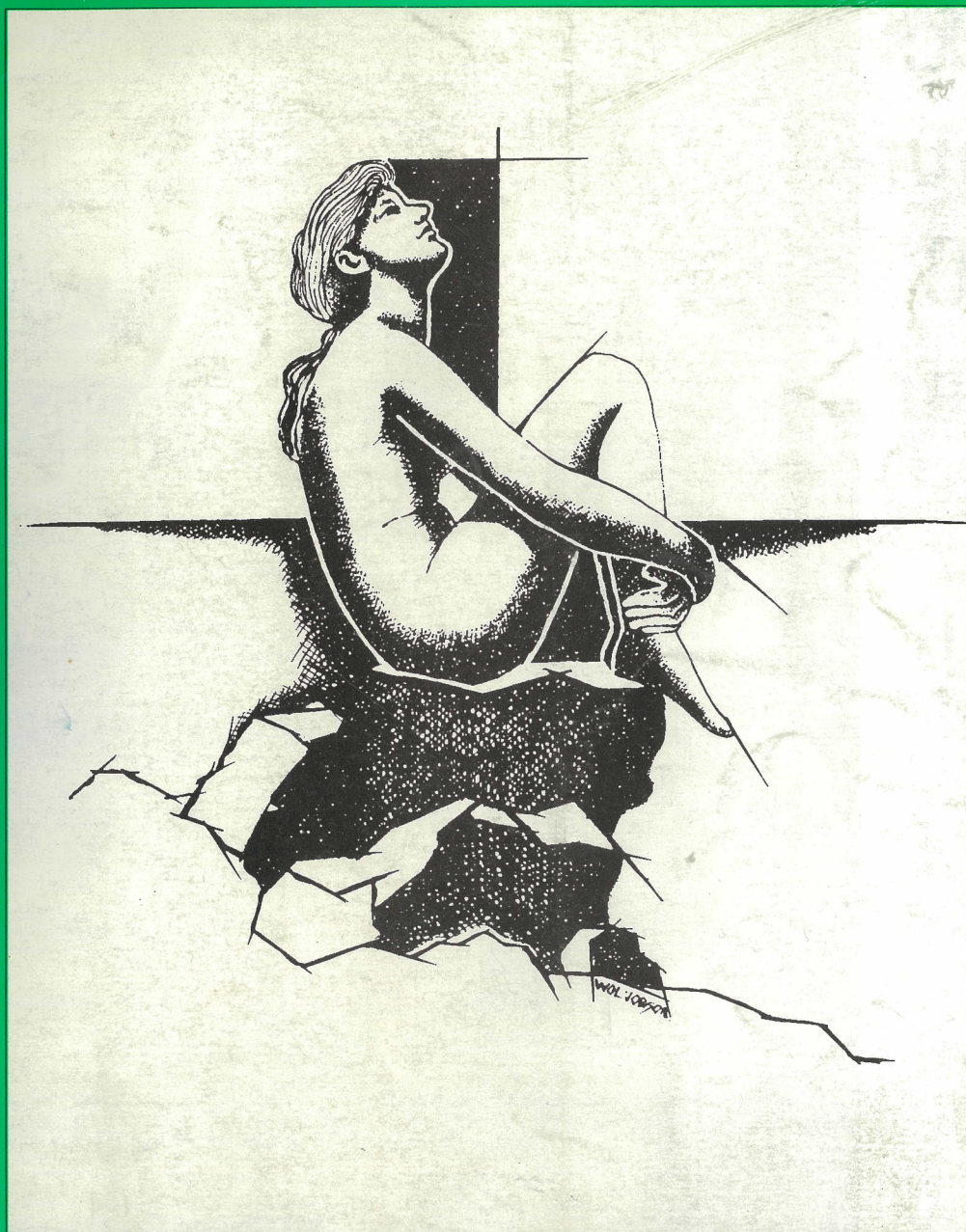
THIS issue
"Transsexuality and
the sex industry"

Sex Industry Rights & Education Network

NZPC

SIREN

Magazine for Sex Industry Workers



Issue 3/1991

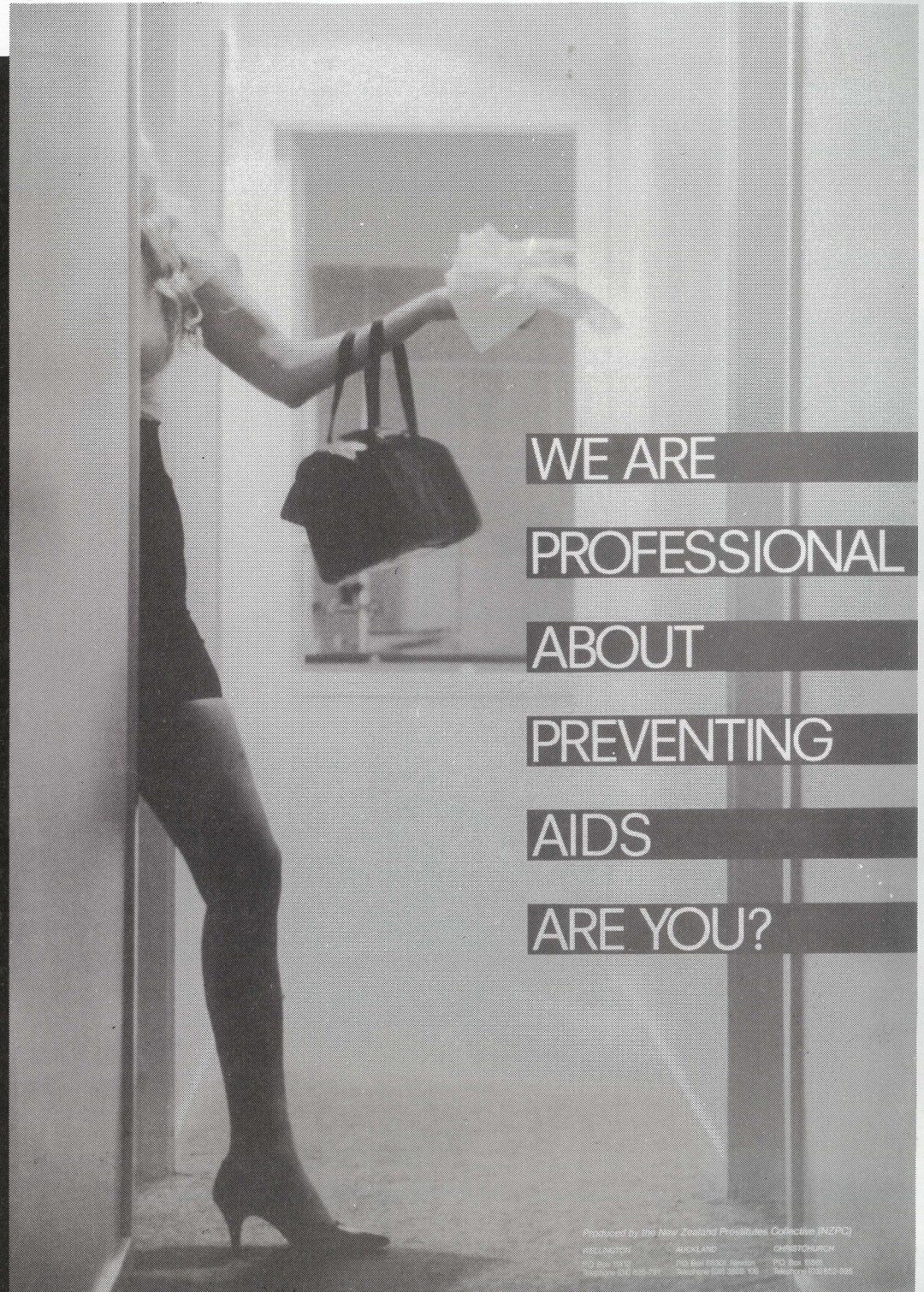
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SIREN

Sex Industry Rights & Education Network

May 1991

22 Cover Feature

Transsexuality and the sex industry - this issue we look at transsexuality and the sex industry. In AIDS prevention work are trans people a forgotten sector? Included in this section are safe sex guidelines for trans people.

Thanks to all the people who have contributed to and made this issue possible. Siren is a magazine for all people in the sex industry, so if you would like your viewpoint heard, drop us a line.

Deadline: The next issue of SIREN comes out sometime in the next three months. Contributions for that issue should be sent during the next two months. Send your ideas and contributions to:

SIREN Magazine
NZPC
PO Box 11-412,
Manners Street
WELLINGTON.

Disclaimer: *Opinions expressed or information given in this magazine are not necessarily those of the NZ Prostitutes Collective.*

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Comment from Auckland Branch

It is just over 2 years since a small group of dedicated people turned the NZPC office in Auckland from an answer phone connected to the Wellington NZPC office into an active organisation working for the health, unity and sanity of you the sex worker.

The collective is now well established in the Auckland area and despite our small size we manage to cover a large area, NZPC workers regularly visit massage parlours, rap-parlours, escort and B&D fantasy houses from Orewa to Pukekohe in the south. Additionally we here have some contact with sex workers from Northland to Hamilton (so if we're not in the office when you are trying to get hold of use that's why – leave a message on the answer phone and we'll get back to you).

At this point in our history, having passed the 2 years mark and still going strong, I would like to take the opportunity of thanking the many people who have helped us along the way. From the people in the parlours who make sure that all their co-workers read *Siren* to the dedicated souls who trek in and out in the middle of winter to operate the drop in centre; your efforts are always appreciated and I would like to thank you all.

A special thanks must go to the transsexual community. For such a small group of people your response to the community not only the transsexual/sex workers and gays but to other diverse people who work on or around the K. Rd area has been

wonderful. Without your efforts the drop in centre may not have happened and would certainly not have worked as well.

I cannot list all your names – there have been so many of you along the way and I am afraid that if I tried to list your names I would commit an injustice by forgetting some.

However, there are people whose names that I must mention, Helen, Mana and Roxanne assisted in setting parameters for the drop in centre and have consistently staffed (amongst

other PC activities) through foul weather and fair, so to you three and to the other myriad of people who have lent their support to NZPC over the last 2 years THANK YOU.

I look forward to your continued support and interest in the future

Claire Hill
NZPC Auckland Co-ordinator

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Ask for
Wendy

nzpc addresses



Limbs still intact

As one who has perforated my arms with hypodermic needles for a number of years I am able to state categorically that none of my limbs have ever fallen off from drug use (or any other causes). The second page of "Safe Using - Clean fits - Clean hits" in issue 2/1990 reeks of misinformation and scare-mongering tactics: to get gangrene and an amputation, injecting directly into an artery is usually necessary.

Lasonil and Hirudoid ointments, rather than being mainly useful for bruising are particularly useful for preventing the build-up of thick patches of scar tissue which inhibit needle use. If used EVERY day for weeks - or even months - existing scar tissue can vanish and damaged veins recover. Hirudoid seems to be more effective. Arnica, a homeopathic remedy, is also to be recommended for this as well as bruising and is considerably cheaper to buy.

Another useful home remedy for abscesses is "magnesium sulphate paste" which is used to "draw out" boils, splinters etc.

Be safe and survive in 1991.

Limbless, Christchurch.

Siren replies

We are very happy that none of your limbs have fallen off (to date).

Gangrene and amputation are

the worst case scenario, however they are a real possibility.

Just as the sharing of needles, syringes and other injecting equipment (and through such action, HIV/AIDS, hepatitis and sceptocemia) pose a real threat to a drug injectors health, so to with gangrene.

Injecting directly into an artery is simply the easiest, simplest, most effective method of acquiring gangrene. All drug injectors should be aware of the risk of gangrene and all should know what to do in such circumstances. Just as all injectors should be aware of the risk of HIV/AIDS.

Lasonil or Hirudoid ointments *will* clear up existing scar tissue, they *will not* repair damaged veins.



Tattoos don't matter

Hi ladies, there isn't really any point in giving you my name because like many, I have quite a few.

This letter is mainly for the employers because they are the ones that are against skin art.

I have worked for six years now in many places but there are quite a few places that I haven't worked because of my tattoos.

Admittedly, I have never seen another working girl with as many tattoos as I have and unfortunately the worst ones are

in public view all the time, on my hand, I also have them on my legs, chest, back and all up my arms.

Now most employers seem to have this idea in their head that clients are really turned off by them. Well they are wrong.

I have only ever been turned down once by a client because of my tattoos and he was an eighteen year old yuppie who expected the love goddess obviously. 50 percent of the men that visit us are weak males and love to be dominated, and tattoos are a sign of domination to them. They also go down well with the weirdos. They make an excellent conversation piece when all is quiet. Well its better than talking about the weather or politics.

But the main point is that tattoos don't matter if you have the personality to cover it and having had them so long I have had to learn to cover them with my personality. That is inside work and outside work. If you are good at your job then nothing else matters and fortunately I am good at my job so to all employers out there; tattoos do not matter.

They can be covered and the old saying goes out of sight out of mind so everyone forgets about them only until they are seen.

The thing that pisses me off the most though is that it is acceptable in society for men to have tattoos but not women. What the hell happened to equal rights?

I know that the tattoos on my hand look ugly but then again a skin graft scar looks worse so I stick with the tattoos. But either way they can be covered, so first impressions aren't the problem. What is then?



Needle exchange inside

Hi, my name is Craig and I thought I'd let Siren readers know a bit about what is happening in our jails at the moment where the AIDS awareness subject is concerned. I am at present an inmate in a South Island jail and we have recently had a group from various communities based organisations come out and interview a few inmates about certain health issues, for inmates and needle exchange kits and the likes. At present there is nothing available that I am aware of, although, there is bleach available from the Nurse. None of the inmates are game to use this outlet for fear of reprisals and quite rightly so. Things are so unstable at present, so people opt for the unsafe method of applications thinking that the risk of AIDS is a better choice than the risk of harassment and victimisation from the screws. How we as individuals can allow this to go on inside our prison walls is as ignorant and stupid as it is allowing these sorts of issues to go on outside the walls for it is only a reflection of society's attitudes outside that allows this to happen inside.

Why I am writing to Siren about this is because workers in the sex industry are more open and vulnerable to the Laws (if we can call them that) and could easily find themselves inside, so I feel that it is as much a problem for people outside as it is for us inside. It is up to us to join together and voice our opinions loud enough that they are not only heard but acted on. I personally back Siren's attempts to bring these problems out of the closet into the public eye, as this is the only way our voice will be heard. I intend to make my voice heard and I hope

my words inspire others to do the same. I admit I know very little at present about these issues, but I do know enough to know it is a very real and serious problem and I also know enough to do something about my concerns. So if you're like me and want to know more and help change and educate the situation and people's ignorance, speak up, you've got nothing to lose, or have you?



Trans scene and Siren

I am a parlour worker in K road. The other day the topic of queens (transsexuals) arose and we go into quite a heavy discussion on the topic, they really are a great group of people.

One of our friends who is a real girl, and works the street beat came into our discussion. She agrees that they were really an asset to the street scene, not only do they look after the real women when the men get heavy with us, but they liven up the street with their hilarious camp behaviour.

Although under their external masquerade, they feel they are not being accepted or feel a part of NZPC or hardly ever included in the Siren magazine.

So consequently we went through all of the previous NZPC magazines and found out that through all the previous editions, transsexuals were to be found in two editions. 1 letter from a Helen, 1 from Kayla and a few lines from Rustee and Shannon, also an insert from Rosa on the history and what sort of people they are.

According to most of us parlour girls, Siren magazine is made up of 70% safe sex education, about 5% needle exchange, 2% parlours, 5% miscellaneous-poems, advice

columns etc.

So come on NZPC what about giving these girls a go, they are a part of the sex industry, if not even the majority of the street people, they are part of the sex industry.

From what we are to understand NZPC caters for ALL sex workers, not just mainly for the parlours but for the street scene also.

However on that note we feel that you are doing an excellent job on safe sex education and prevention on AIDS and other sexually transmitted diseases; good luck for the future may it be successful for you and benefit us in the industry.

Parlour spokeswoman

Editors note: Trans people are certainly a part of NZPC and have played a very significant role in its evolution from day 1. We agree more articles about the trans scene would be greatly appreciated, not only by those in the trans scene but also by those in other parts of the industry. It is so important that we all pull together and unite on common ground.



Sound familiar

Things aren't what they used to be. What was once an extremely lucrative business that meant for some an easy lifestyle is now upon extremely hard times. With New Zealand's current economic climate as bad as it is, unfortunately for us, the sex industry is the first to feel the pinch. Those clients who used to be once a week regulars aren't so regular any more. Their businesses are also on hard times so we're one of the first luxuries to go and those who do have money are sitting on it waiting for the worst to come.

It's a sad reality but we're just not earning what we used to. We've all had those shifts where we sit around waiting, hoping someone will come in for us, wondering how the rent will get paid, then having to borrow cab fare at the end of the shift to get home. This is becoming a reasonably common occurrence for a lot of women in the industry. We all wonder why we're working when this happens.

But poverty got us into sex work and poverty keeps us in it. Poverty in the real sense for some and for others in that as women we are less likely to get work that pays us what we consider a decent wage. Unfortunately there is no pay equity. Still women can't demand as high a wage as their male counterparts. Sure, we have equal pay, but what is traditionally women's work is considerably lower paid than what is considered traditionally men's work, for example a builder or plasterer compared to a child care worker or nurse.

Many of our clients earn a lot more than we do for what is a far less emotionally and physically demanding job. Why is it that men pay each other so much, yet women so little.

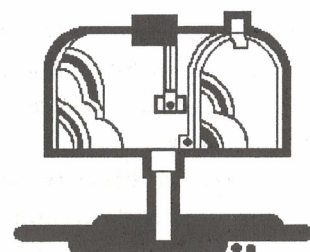
Unfortunately, not only are things on the quiet side, what money we do earn isn't worth one quarter of what it used to be say 10 years ago. Those of us who were working back in the lucrative "good old days" will remember how much the dollars we earned were worth. The sad thing is that in spite of high inflation (and "normal" wages going up relatively accordingly) the price of extras has only gone up a few dollars in the last ten years or so. What used to be one of the most highly paid professions in the country is now at a level where so many of us are

barely surviving.

Unfortunately there are still parlour owners who insist (or try) that the girls still charge the same as it was 10 or more years ago. Of course management is also feeling the pinch so they're often putting more women on each shift, giving the clients lots of choice, but meaning those less experienced women who aren't quite as confident with their introductions are finding it especially hard. We all know how to have sex but no-one teaches us how to sell it. The trend towards shift-fees and fines means it *costs* some women to go to work.

But what can be done about this? It's hard enough to get the money out of some clients as it is. You'll still have some of them complaining that it's too much. It's often helpful to point out to them that they're lucky it's only gone up a few dollars in the last decade and that we're not charging them GST. Stick to your guns girls and make the best of it that you can. Good luck.

PS: remember if it's not safe don't do it even if extra dollars are offered.



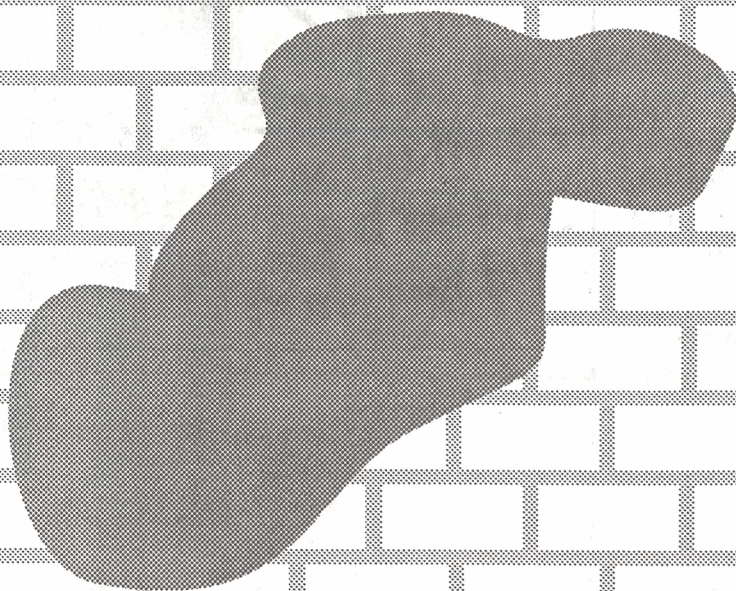
Forget the fiction
get the facts

Sex workers
are doing it for
themselves

AIDS ATTACKS THE BODY
PREJUDICE ATTACKS THE SPIRIT
ONE IS CAUSED BY A VIRUS
ONE IS CAUSED BY IGNORANCE
BOTH CAN KILL

NZ AIDS FOUNDATION

WORK SAFE
PLAY SAFE



Keeping Safe on the Streets

"Please", No more fantasies and dreams and lets be realistic, yes streetworkers are all glamour and glitz but most importantly they are a group of individuals whom treat this lifestyle as any other job and that's the way it should be.

"Carmen's gone" and this definitely ain't Australia, those were the seventies but this is the nineties, we as streetworkers must come to grips with this and learn from the past to make "OUR" future.

Of course everybody loves being an exhibitionist, "who doesn't"! But without "professionalism" the "glitz and glamour" fades faster than the dew lifting. It was great having, "streetworkers" having their say on 2 TV documentaries, but did they realise the "after effects", NO, because they took off and let the remaining workers pick up the pieces.

How ridiculous can you get with admitting that selling your body for \$200-\$400 per client in front of two to three million viewers. Even the Australian workers are not that high and if they were, you can guarantee they're not "streetworkers".

There are your two basic types of streetworkers.

1. WORKING GIRL

Being paid is the most important aspect of being a Streetworker. If not, what the hell are you doing out there in the first place. To be paid not only makes up for the services you are being asked for, but also your own time with presentation, manners, etc. Professional working ethics.

2. GOOD TIME GIRL (charities)

If you spend all your time "making friends" all night, you're degrading yourself and everybody elses time being out there.

Statistics show that NZ is the youngest country in the world concerning the AIDS epidemic and that the street is the "highest risk factor, due to the fast paced lifestyles. And with "time, growth".

So let's get out on the streets NZPC EDUCATE ALL 'STREETWORKERS' (i.e. Women/Transvestite/Transsexual workers.) in the form of "safe sex" practises, before these statistics reach any higher and get out of control than they already are now.

So get your heads out of the bright lights and take a good look at yourself before you go back onto the street tonight and KEEP SAFE!

Kia Kaha.
Anon.





TALKABOUT

Auckland drop in centre:

When we first opened the drop in centre we had high hopes that it would be a place we could meet, have a chat, and go back on the street. There were a number of drawbacks – the centre was up five flights of stairs, and it was sited at the top of Pitt Street, which is a fairly long way from the best place for working. We have had to vacate these premises and are now in a temporary room under the Church. We hope in 1991 to share a shop with a Women's organisation and hopefully in the evening we will have somewhere to have tea, coffee, condoms, and magazines. Although the shop will be in Pitt Street there is a possibility that workers will be coming back towards Queen Street with the number of changes being made in Karangahape Road with new buildings, shops and the probability that the Pink Pussy Cat side of the street will be next for demolition or rebuilding. So, we are hoping for somewhere that we can meet and chatter on our own. (From NZPC Auckland)

I heard a story the other day of a worker who was suspicious of her client being an undercover cop even though he went through the act. The smart girl kept the condom, which she later produced for testing his sperm. Keep this in mind!

This is the kind of unjust and uninformed scapegoat we're fighting against. A brochure called AIDS Information for Travellers produced by the World Health Organisation special programme on AIDS and reprinted by the Department of Health in New Zealand states: "How can sexual spread of AIDS be prevented? Do not have sex with prostitutes (male or female)..."

A client said once to me "Beat me, Beat me" so I bashed him, but it turned out he wanted a hand job. He was not amused.

The World Health Organisation (WHO) estimates two million – one third – of HIV infected people are women. It predicts that by the end of 1992, a cumulative total of more than 350,000 women will have been diagnosed with AIDS, three times as many at the end of the 1980s.

I am a 19 year old female who has rarely asked my partners to use condoms. In the past year and a half I have been diagnosed with gonorrhea, chlamydia, trichomoniasis and genital warts. It is pure luck that I have tested negative for the HIV virus. I never believed it could happen to me. Non-sex worker (letter in Mademoiselle, June 1989)



The Law and You

Recent raids in massage parlours and the street have reminded us all of the need to be constantly alert to the undercover cop posing as the eager client.

If you are working in the sex industry it pays to familiarise yourself with the laws pertaining to prostitution. It's not illegal to be a sex worker/prostitute in this country. However, it is illegal to solicit, perhaps the most common offence sex workers are picked up on.

Soliciting is applicable to any person who offers "his or her body or any other person's body for the purpose of prostitution in a public place". The present offence of soliciting is contained in section 26 of the Summary Offences Act 1981. The fine for soliciting should not exceed \$200. However, for workers in massage parlours once convicted it does mean you will lose your job and not be able to work again in this area of the industry. In effect, your choices are limited to working either on the street, in rap parlours or escort agencies.

Escort workers are perhaps the furthest removed from the public sphere and therefore less vulnerable under this Act. Escort operators state an up-front fee to the client. Sometimes clients may want to know more about what they can reasonably expect for their money. Don't go into detail on the phone. Bland comments like, "a lovely time!" ensure that you are operating within the law. As an escort worker further negotiations with your client concerning money "for what" should be unnecessary. If your client wants to spend his time drinking Earl Grey tea while chatting to you that's lovely. On the other hand if he wants to do something a little more frisky and you agree that's also fine. It was his suggestion after all, not yours and not your escort operators.

People who work in massage parlours are operating in a public place. Clients pay only for a massage at the reception desk. Receptionists should not engage in any conversation with clients about extras. A smile and a vacant look should deter persistent clients from questioning you further on this point. Remember the laws on soliciting could be turned on you too.

As a masseuse in a parlour you have the say over what you'll do with the client after the massage. Presumably he'll have his own expectations of his time spent with you too. So let him do all the suggesting. He will probably ask you about extras. Hopefully he'll go on to make you an offer you can't refuse.

For people working on the street the same principles should apply. The clients will approach you and make all the suggestions. It is not illegal to take them up on their suggestions.

WHAT TO DO IF ARRESTED OR QUESTIONED BY THE POLICE

1. Be polite and courteous at all times.
2. You are required by law to give your full name, address and date of birth only.
3. Request a phone call to your solicitor and repeat this request until it is granted. If you are unable to contact your solicitor phone a reliable friend to do this for you.
4. Until you have talked to your lawyer you are advised to remain firm on your right to remain silent. Do not under any circumstances discuss the situation in any way.
6. Do not confirm or deny any allegations or answer any questions about yourself or others (any discussion about others may result in your being called to give evidence against them).
7. Do not accept legal advice from anyone without verification from a solicitor. Example: the misconception that undercover policemen must admit their occupation when asked, this is not true!

I didn't know how many people read the paper until everyone I knew rang up to tell me what I'd been up to.

Anonymous, sex-worker

NAME SUPPRESSION

The chances are if you are charged with prostitution related offences, your name will be published in the newspaper. To avoid this added stress/stigma, remember it is your right to request name suppression. Name suppression is awarded by the courts, but you have to produce some pretty good reasons as to why you need it. Amazing, how many men charged with rape seem to manage it, but that's another story.

The first thing to do is advise your lawyer – tell him why you need your name kept out of the papers. Maybe you have a straight job, which you could lose. Maybe you have kids at the local school who will be tormented in the playground. Maybe your partner doesn't know you work – or your mum or dad or other close relative has a heart condition, which could be triggered off if they read about your charges in the paper. Quite possibly publication of your name will give you the kind of free advertising you don't need – this too, can be used as a reason for name suppression. It is advisable to present the lawyer and court with written proof where possible, outlining your reason. Ask your boss in your straight job for a reference (you don't have to tell him or her what it is for). Maybe your sick relative could give you a medical certificate.

Remember, it isn't easy but it can be done. It just takes a little bit of initiative!

Good luck.

World Charter for Prostitutes Rights

Laws: Decriminalise all aspects of adult prostitution resulting from individual decision. ♥ Decriminalise prostitution and regulate third parties according to standard business codes. It must be noted that existing standard business-codes allow abuse of prostitutes (self-employed and others). ♥ Enforce criminal laws against fraud, coercion, violence, child sexual abuse, child labour, rape, racism everywhere and across national boundaries, whether or not in the context of prostitution. ♥ Eradicate laws that can be interpreted to deny freedom of association, or freedom to travel, to prostitutes within and between countries. ♥ Prostitutes have the right to a private life.

Human Rights: Guarantee prostitutes all human rights and civil liberties, including the freedom of speech, travel, immigration, work, marriage, and motherhood and the right to unemployment insurance, health insurance and housing. ♥ Grant asylum to anyone denied human rights on the basis of a 'crime of status', be it prostitution or homosexuality.

Working Conditions: There should be no law which implies systematic zoning of prostitution. ♥ Prostitutes should have the freedom to choose their place of work and residence. It is essential that prostitutes can provide their services under the conditions that are absolutely determined by themselves and no one else. ♥ There should be a committee to ensure the protection of the rights of the prostitutes and to whom prostitutes can address their complaints. This committee must be comprised of prostitutes and other professionals, like lawyers and supporters. ♥ There should be no law discriminating against prostitutes associating and working collectively in order to acquire a high degree of personal security.

Health: All women and men should be educated to periodical health screening for sexually transmitted diseases. Since health checks have historically been used to control and stigmatise prostitutes, and since adult prostitutes are generally even more aware of sexual health than others, mandatory checks for prostitutes are unacceptable unless they are mandatory for all sexually active people.

Services: Employment, counselling, legal and housing services for runaway children should be funded in order to prevent child prostitution and to promote child well-being and opportunity. ♥ Prostitutes must have the same social benefits as all other citizens according to the different regulations in different countries. ♥ Shelters and services for working prostitutes and re-training programmes for prostitutes wishing to leave the life should be funded.

Taxes: No special taxes should be levied on prostitutes or prostitutes business. ♥ Prostitutes should pay regular taxes on the same basis as other independent contractors and employees, and should receive the same benefits.

Public Opinion: Support educational programmes to change social attitudes which stigmatise and discriminate against prostitutes and ex-prostitutes of any race, gender or nationality. ♥ Develop educational programmes which help the public to understand that the customer plays a crucial role in the prostitution phenomenon, this role being generally ignored. The customer, like the prostitute, should not, however, be criminalised or condemned on a moral basis. We are in solidarity with all workers in the sex industry.

Organisation: Organisation of prostitutes and ex-prostitutes should be supported to further implementation of the above charter.

International Committee on Prostitutes Rights

ICPR was formed in 1985 by Margot St James of COYOTE (Call off your old tired ethics), and other prominent prostitute activists. They have organised two World Whores congresses, and fight for prostitutes rights at the international level. They created the World Charter for Prostitutes Rights.

From the National Aids Bulletin June 1990

'LIQUID HANDCUFFS'

'A woman's perspective'

TRYING THEM OUT FOR SIZE

My days turned into weeks then months then years! I had enough! Finished! No more! No money, No veins, NO DRUGS! I knew where to go, I had heard enough about 'the clinic'.

Soon after I rang the Alcohol and Drug Clinic, that was a Monday. Tuesday I had an appointment with the Doctor. My story was the greatest!! I left that afternoon with my handcuffs tentatively on. (I had just received my first dose of Methadone.)

I was SAFE and SECURE, no more 'hanging out'. MY SAVIOUR - METHADONE! Turn over the new leaf, end of part one, -Using is a full-time job, I was either scoring money or dope. I was tired. I needed my annual leave, it was well overdue!!

The first two weeks were novel, picking up my methadone, having the first of my counselling sessions. Then after a couple of months I felt stable, I was Clean - except for my handcuffs. I got a job. I managed to organise to pick up at the closest pharmacy to work. Life appeared to be on more of an 'even keel', my confidence picked up. My self-esteem went into a gradual incline. I had money I was not spending in five minutes. LIFE WAS BETTER.... MUCH BETTER.

Occasionally I had thoughts of coming off but I was afraid, I might slip, I would watch my life fall apart... So I held back, stay on, keep the security and the relative stability. I hoped for a miracle during my counselling sessions, I was not ready to 'go it alone'.

After about five-six months the counsellor starts mumbling about a withdrawal and the Doctor is quick to mimic him. I'm feeling good, I had had quite a few clean urine samples (some not so clean too) Maybe, I thought to myself, I could do IT! So my reply to the 'Doc was "O.K. Lets DO IT!!!" ("But slowly please").

WHAM!!!!!!!!!! OFF IT COMES!!! 5mgs. SUFFER!!!!!! I did not know the meaning of the word. Mood swings, skin and hair problems. Hassles at work, sweats, WOW!!!

PANIC. In a weak moment, I'm off. I went off to score, except that I needed twice as much as before!

I got stoned, gave a dirty urine sample, then the Doctor and the Counsellor are asking in unison "WHY???"

I'm mumbling, afraid, insecure, next I'm asking for an increase not just the 5mgs they had taken but 5mgs more!!! HELP...HELP... I'm screaming. "O.K." says the 'Doc.

"Praise be to whomever!" I'm saying, What an escape, The only thing I lost this time is some extra cash and a bit of a dip in my nice smooth, level, stable, life. Well my life as it had been since I had introduced myself to the handcuffs. BUT What a vision, all the fears, horrors, loss, pain of before. BEFORE?? Forget that! These 'cuffs are here to stay!!! I'm never coming off! Here I would remain! NO WORRIES!!!

Before you know it around comes the season of cheer, or Easter break or Labour weekend or maybe even a sister's wedding and for once I'm organised, I had actually planned something... Something of an achievement considering my track record for being a participating member of my very loving and supportive family!!

Not this time!!! I will be there!!!

("Oh SHIT!!!, What about my 'cuffs,?" NO!!!! NO!!!! NO!!!! I could not believe it! NO WAY. It was not possible at such short notice to organise a pharmacy close to where I would be... Blaa Blaa....

FAILURE!! I was stuck! HERE! No holiday, No couple of days at the beach, No wedding, No Christmas with the family, LOSER!!!!!!

(Damn them! I can play by their rules too... You can only miss picking up your methadone for two consecutive days in one month.) Pick up early Friday, then miss the weekend back for Monday. Not a problem, WRONG! Oh blast I will have to score for the weekend. SUCCESS!

MONDAY: " Shit! Sorry 'Doc, I could not handle the weight of these cuffs."

DOC: "Right.., You will have No takeaway's until you have been three months clean, No dirty urine samples, No more increases!!!! From today you will rise by 5mgs then we will see you 'stabilize'."

ME "O.K, Doc."

I reply, Resigned to the prisoner I am to these handcuffs, realising the fact that I had given half of the key to the Doctor, as for my half I had split that into many pieces... WOW!!!!

Life is great especially when you're a prisoner in handcuffs I made for myself..... I HAD TO FIND THE PIECES TO MY HALF OF THE KEY TO RECLAIM THE OTHER HALF. How many pieces did I have to find? ??

THE KEY TO THE 'CUFFS!

12 months handcuffed to Wellington! My bones ache in the morning, my hair is limp, I'm having skin problems like nothing else on earth I'm a BITCH!!! Moody and Moaning. Where is that Damn Key????

I've been getting slight glimpses of the Me before, before Drugs before the 'cuffs, and I shudder!!! I am but a skeleton of that person, barely recognisable, I'm having problems with my Man. So many.... WHICH??? HOW??? I am Mobbed, drowned by my problems.

Then it dawns on me, One at a time. Oh Shit!! WOW!!! Where have I been? That's It! One problem + One solution = One success. Grab it! Don't let it go it is a part of the key!! About bloody time...

ME "Doc, could we please start a withdrawal?"

DOC "We'll start on the first day of next month, six - eight weeks and you will be OFF! "

ME "Right Doc, Lets do it. But could I have some extra Counselling, I need all the support I can gather, but I am sure My positive attitude will help me through this time." I come away with a spring in my step and I am sure I detect a slight opening in the 'Handcuffs'

UNLOCKED HANDCUFFS

My withdrawal programme was a good one, I thought. Nine weeks to withdraw from over 12 months of metha-

done and goodness knows how long using my drug of choice.

Not bad!!! I would DO IT!!!! Counsellors 'on tap'; I was feeling O.K. My withdrawals or 'recovery signs'; if you prefer; had not been as bad as I thought. I was still sleeping! I was managing admirably.

I MADE IT!!!! NINE WEEKS!!! COUNSELLING.. SELF WILL.. ATTITUDE!!!! TERRIFIC!!!!!! Everyone is saying I look better already! It helps! (THANK YOU! to all those people; it sincerely made the difference).

THREE WEEKS LATER

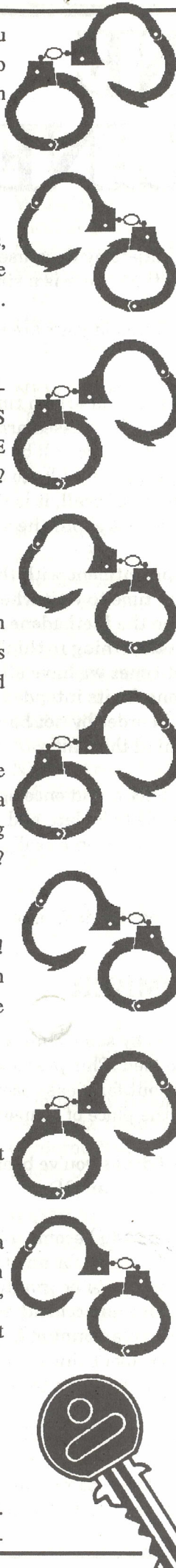
Still have counsellors 'on tap' (once a week) I start to feel ILL! ILL! I mean ILL! What the hell is happening??? SHIT; Methadone doesn't seem to start removing itself from your body! I could not believe it!!! Remember the suffering I mentioned earlier; forget it! This is Tanta-mount!! Imminent death seems the only likely outcome. In bed; out of bed; Hot; Cold; Wet; Dry, sleepless nights and days; Aching bones, hair falling out, rotten teeth; TOTAL DESTRUCTION, DESPERATION!! PISS OFF - I WILL NOT USE!!! The depression comes and goes.....

I start to notice a slight improvement in my body; I eat food, Can you believe it??? I smile, can you believe that??? SLOWLY...SLOWLY.... SLOWLY... LIFE IMPROVES!!!!!! "Oh Shit, I didn't even notice..."

*'The Handcuffs had opened
I found them where they fell;
The key, in the lock, was not quite whole,
But enough to open the 'cuffs.
When I look back in the shadows,
they are hovering there,
Sometimes there is more of the KEY,
sometimes there is LESS..'*

Good luck to all those who choose methadone, I hope it works for you!!! Have a look around, there are many alternatives, for treatment. They may seem more difficult at the time but in hindsight after the hell I put myself through, I may have chosen differently myself.. The cost is HIGH!! But you can SUCCEED!!!! Believe in yourself and your choices!! If it works for you, DO IT. Remember, you probably only have one more thing left to lose,

YOUR LIFE!!!!!



METHADONE GUIDELINES



If you are having difficulties with injecting drug use and wish to try a Methadone Programme as a means towards stopping injecting then there is a simple way of going about this.

FIRST

Phone the A&D (Alcohol & Drug) clinic in your area to make the initial appointment. This is usually with a counsellor.

SECOND

Keep the appointment and make sure you are on time, the staff at clinics are over-worked as it is and don't like to be kept waiting or to be messed around. What usually happens at these first meetings is an assessment of your drug use will be made by the counsellor. It pays to be honest with them because, like I've said, they don't like to be messed around and they usually know when people are bullshitting them, I mean, afterall, it is their job to know and although they themselves may not have used, they still know a lot about the scene from the people that they work with.

THIRD

From here you will be given an appointment with the Clinic Doctor. This can sometimes take up to six weeks. Yes we know it is a long time to wait when you need help now, but don't forget, you're not the only person trying to get on the Methadone, there are sometimes up to 100 others out there in the same situation. The other thing to think about when you're pissed off because you can't get the methadone now is at times we have all waited weeks for some decent dope and if you're serious about using the Done for its intended purpose (getting you away from injecting and also enabling you to get your life in order by not having to chase the gear all the way round town for half the day) then you won't mind the wait.

FOURTH

Keep your appointment with the Doctor and once again, be on time. When you've waited six weeks for an appointment it is a real hassle to be late and told that you have missed out and have to wait another six weeks. This tends to make people really angry and yet they have no one to blame except themselves.

FIFTH

All going well you will be given a regular daily dose of Methadone.

IMPORTANT THINGS TO REMEMBER

- ① Urine samples are taken at random by some clinics, if you have any other traces of illicit drugs in your sample your Done can be stopped. This practise is generally done so as to determine who is serious about stopping and who is out for a easy score. Those out for an easy score are wasting everybody's time and also taking the place of someone who may actually want to stop using.
- ② Don't bullshit about the amount of drugs you've been taking. This kind of thing can lead to you being over-prescribed which can lead to an OD.
- ③ When you sign on for the Methadone you become a Registered Addict. This can have its drawbacks, The main one being that it is illegal for any GP to prescribe narcotic drugs to a person that is registered and special permission has to be granted by the Area Health Board which can mean if you are unfortunate enough to have an accident or an injury that requires strong pain relief, you may have difficulties. There is also an amount of Legal and Social stigma that comes from being registered. Some people don't worry about this but you may like to weigh up the differing sides of it and anyway its always useful to know these things.
- ④ Using drugs orally is not an at risk practise for HIV and AIDS.
- ⑤ Once again don't be late at pick up time. Some clinics won't keep the dispensary open all day and they tip out the left over Done that isn't collected on time.

DUNEDIN

Centre For Alcohol Related Disabilities.
(Otago Hospital Board)
21 Park Street, Dunedin.
Hours Mon-Sun 7.30am 11.00pm
Phone 024-772323, 779-633.

CHRISTCHURCH

Alcohol & Drug Centre,
North Canterbury Hospital Board.
258 Armagh Street, Christchurch.
Hours: Mon-Fri 8.30am 5.00pm
Phone 03-50-983.

AUCKLAND (SOUTH)

South Auckland Alcohol & Drug
Services.
Auckland Hospital Board.
Middlemore Hospital, Auckland.
Hours: 9.00am 4.00pm
Phone 09-276-8149 ext 89

AUCKLAND

Drug Dependency Clinic
Auckland Hospital Board
393 Gt. North Road, Grey Lynn,
Auckland. Hours Mon-Fri 9.00am
5.00pm
Phone 09-765-934 765-816, 765-272.

METHADONE CLINICS

WELLINGTON

Alcohol and Drug Centre
(Wellington Hospital Board)
265 Adelaide Road
Wellington 2.
Hours Mon-Fri 8.30am 5.00pm.
Phone: 04-898-340 898-653.

ROTORUA

Community Alcohol Services
Waikato Hospital Board
125 Old Taupo Road, Riverholm,
C/O Rotorua Hospital
Private Bag Rotorua.
Hours Mon-Fri 9.00am 5.00pm.

PALMERSTON NORTH.

Alcohol & Drug Centre
Palmerston North Hospital Board
159 Queen Street
Palmerston North.

Hours Mon-Fri 8.00am 5.00pm
Phone 063-72066

WANGANUI

Alcohol and Drug Assessment Unit
(Wanganui Area Health Board)
Wanganui Hospital,
Heads Road, Wanganui.
Hours Mon-Fri 8 30am 4.00pm
Phone 064-53-909.

NEW PLYMOUTH

Taranaki Base Hospital
Taranaki Hospital Board
New Plymouth.
Phone 067-36-139

WHANGAREI

Alcohol Advisory Service
(Northland Area Health Board)
C/- PO Box 742
Whangarei.
Hours Mon-Fri 9.00am 4.30pm.
Phone 089-482079

NELSON

Alcohol Clinic
Nelson Area Health Board
115 Kawai Street, Nelson.
Phone 054-88299

NAPIER

Addiction Services
Hawkes Bay Hospital Board
Hawkes Bay Hospital Napier
Hours Mon-Fri 8.00am-4.30pm
Phone 070-52-199

TAURANGA

Alcohol Services.
Tauranga Hospital Board.
Community Health Department
Tauranga Hospital
Cameron Road, Tauranga
Phone 075-84-199.

HAMILTON

Community Alcohol Services
Waikato Hospital Board
19 Ruakiwi Road, Hamilton
Hours 8.00am-5.00pm.
Phone 071-394-352.

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Maybe, after all there is hope

For all of you out there who are stigmatised/discriminated against and generally put down. I, having been an intravenous drug addict and male prostitute, dedicate this story to you.

Having started using marijuana and alcohol at the age of eight, I rapidly progressed to being a cocaine addict by the age of thirteen and by fourteen I was tasting 2-3 times a day, liquid morphine and smack were my drugs of choice for the next four years, in which time I had started work, but couldn't hold down a job, due to being too wasted. I was constantly in trouble with the law and in and out of jail during this period.

Approximately 3 years ago, I was picked up on the streets of Wellington by some people (who I thought were just do-gooders), they arranged for me to go into a Drug and Alcohol treatment centre and gave me support for the 27 weeks that I was there, but due to the fact that I was not ready to give up my lifestyle that had been my whole life, I left there and started using again within hours of getting out. From there I went to live in another

city and found that I had a raging habit within weeks of getting there. I was then introduced to a person who worked with IV addicts, in helping them become educated about safe using, and HIV/AIDS issues in relation to addicts. I became involved in this work also and spent the next two years working alongside this person. In October 1990, suffering from burnout and yet another raging habit, I resigned from this field of work and went to work as a male prostitute (to support my habit). I quit work and went cold turkey off the drugs, thinking that there had to be something better than this. Well, yes, there was.

I met my girlfriend then, my wife now (she was a working girl too) and we decided to move back to Wellington to start our own business. Well since then (which was in January of this year) we have developed a business of our own, in which it is not only a great success financially, but personally it is fantastic, especially to be clean after 20 years of abuse.

The reason for this story is to share with you the hope that there is, after all, for someone who was classed in society as a no-hoper.

Good luck out there and don't give up on your dreams or yourself.

Sheng Xiao
(prosper and be happy)

For further information on your local drug user group or needle and syringe exchange scheme contact:

ADIO
227A Symonds St,
Auckland
09-398-519

I V Union
28 Joseph Street,
Box 1942
Palmerston North
063-71-059 (24 hour phone contact)

WIDE
282 Cuba St,
Wellington
04-828-404

CIVDURG
12 New Regent St,
Christchurch
03-652-293

DIVA
Dunedin
03-4776-988

or
HOTLINE
Tollfree 09-395-560

Money in my purse

As a girl who sees what other people have and would like to have the money to be able to save and buy what I want and go on exotic holidays I thought I would give the parlours a go.

On my first night I remember sitting in the lounge at the parlour looking at the other girls and thinking well if they can do it surely I can as well, yet every time the buzzer went my heart missed a beat.

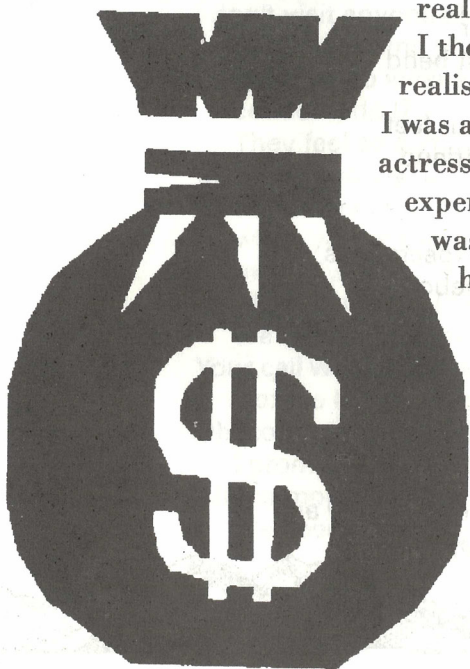
I was so nervous but now its my fourth day and its now a piece of cake.

The first guy was

really easy,
I then realised that I was an actress and the experience was not how I had

imagined it would be at all. Once I had done it, it was so much easier. I found the other girls really helpful and without their help I wouldn't be here now. I still have a lot to learn and with having a straight job as well, its good knowing that the girls are supportive and I really can tell them anything and they won't bat an eye lid or look at me sideways. I really think that all you have to do with clients is act, smile and agree with what they say, tell them that they are special and generally make them feel good about themselves. They don't just come here for one thing, they come because they are lonely and need a bit of loving. It doesn't take much effort to smile and be polite, and if you get on well with different people you will hopefully see them

again. At the moment all the money I have made has been paid off my credit card. I want to pay all my bills then save what I make so that I will be able to buy a nice place to live with a section for a dog. I was told that this is an easy business to get into yet hard to get out of. Yet I really hope that I will be able to only do it for a short time then get out once I have enough money for my home and the odd weekend away. The other night was quiet seeings as it's the Christmas/New Year period I thought "Why am I here" yet when I left and had some money in my purse I knew exactly why I was doing it. I went home last night and I honestly couldn't remember how many I had done or even who they were, I guess my acting and my two lives are really going to work out well.



POEMS



NEVER EASY



Caught between love and greed
never expecting this situation
Afraid, and you my growing need
brings this change in occupation

No more easy way out – they said
I questioned? It was never easy
After all it'll fuck up your head?
Or is it just one road through
life, one of misery

These changes into settled
family life –
they're not all that easy to make,
he has not yet offered to make me
his wife
Yet all the bullshit – and
wealth I forsake

The power of the almighty dollar!!
and the twisted life of one so
young

So into prostitution – the
scene you follow
The support you need – you
find among
so many helpless souls,
whores we all are
in one way or another
Is there ever an ending?

For me now – it's over, I have
more important goals
to achieve
An honest man that loves me
– In him
I do believe
My daughter, I love her – yes
she is my closest friend
I wish you all luck – you'll
need it...

but for me no – it's the end.

GAMES

Playing dirty
Dirty games,
What do they want?
Do they want me?
Am I all they want...
Do I fit,
Am I their fit.
Does my fit, fit them?
Playing hard to get
Playing hard
I'm hard
Are they playing
Are they real
I'm real
I'm playing
I'm playing hard to get
Are they me?
I'm playing hard to get
I LOVE YOU!
I LOVE YOU!
I LOVE YOU!
Believe me?
me...
me?



LEVELS

I could stand on
that mountain
And make you look so small
But as you looked up
I would be of no
consequence at all

So I'll toy with my hair
to see me you must bend

And I'll help you to your feet
and try to be your friend

I'm tired of trying
to live up to your expectations
I'm tired of being somebody
I'm not

Is the real me so bad
that you want it hidden?

When you are there
can't you accept me as I really am
for I want to be happy myself





MEN OF ALL KINDS

Bent ones, straight ones,
slimy ones, great ones;
They come in all sizes and hues.

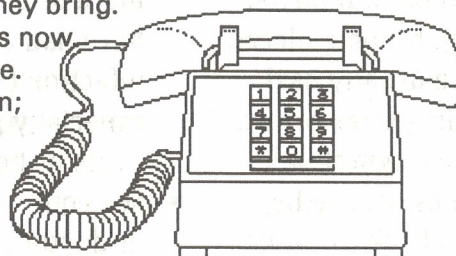
Brown suits, blue jeans
cowboy boots or worn shoes,
It doesn't matter at all.

I'll service you all, small, fat or tall.
For fun, or for pleasure,
Your wallet's the measure.
So cum on give me a call.

RING, TELEPHONE, RING

Waiting for the 'phone to ring,
"Please, mister, call".
I'm sitting in my lingerie
ready to give my all.
The girls are all so pretty,
no stockings have a run.
We're dressed, ready and waiting.
All alert to your every need.
We're here because we love
the job,
and not because of greed.
We love to call you "darling"
and smell your stinking socks,
and yes, we love to massage you
then suck your tiny cocks.

"My wife doesn't want sex
as often as I do.
I don't visit anyone else.
I'm only seeing you.
I don't need to wear a
condom, do I?
They feel so awfully silly.
Besides I know you always
sneak one on,
when you're sucking on
my willy.'
Yes. Please mister. Phone us now.
We're waiting for that ring.
Your call will be answered sexilly
'coz we know you money bring.
Oh, come on guys. Call us now
I promise we won't bite.
All the monthly bills are in;
We need a busy night.



TIME

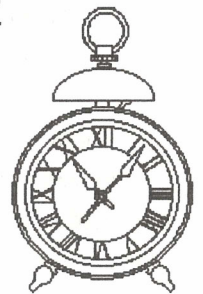
'Time heals' they say
So where's the fast forward switch?
I want to be in some other time
Somewhere far enough into the
future
to look back on now
as just an unhappy memory
and that can cause
but a flicker of emotion

But here I am
locked in this time
A tormenting time of slow motion
where minutes seem to take
some sadistic pleasure
in dragging towards hours
Why does time fly
when one is having fun?

Yet there have been times
happy, wonderful times
Time that I wanted to hold in
my hand
but somehow they slipped
through my fingers
Becoming but a reminder
that nothing is forever

Time may heal
but it also destroys
It gives
but it takes away
It stops for no-one
yet drags for more

So here I am
locked in the present
yearning for the future
But what will that future bring?
Hopefully the ability
to enjoy the present once more
But only time can tell.





STDs: symptoms...

As a sex worker you are probably quick to notice when things aren't quite as they should be. To help you in your self-diagnosis here's the blurb on some STDs to watch out for.

GENITAL HERPES

This is a painful STD caused by a virus. It is the same virus that causes mouth herpes, the common cold sore.

Symptoms

The symptoms usually appear 4 or 5 days after catching the bugs. The first attack is usually the worst. Herpes attacks may happen again, usually within a few months of each other. These are usually not as bad as the first attack, lasting 4-5 days. Each new attack of herpes is very easily passed on – even before a blister is seen – although local tingling or pain may be felt.

- Tingling or itching around your sex organs.
- Small painful blisters which become ulcers. These usually heal within a week or two.
- Flu-like symptoms such as head ache, fever, backache, and

leg pains, or constipation, but usually only during the first attack.

- Pain of burning when peeing, sometimes very bad. Difficulty with emptying bladder.
- Pain in the back passage with anal herpes.

possible if you think you have genital herpes. You may have more than one STD.

- Your partner must also be checked because they may be infected, even if there are no symptoms.

CHLAMYDIA

Chlamydia are bugs that cause the commonest of all STDs in New Zealand. Chlamydia are very common in women (under 20) and men (under 25) who do not use condoms when they have sex.

Chlamydia are really bad for both women and men because if left untreated the bugs can lead to infertility (inability to have a baby) in both sexes, and can also cause swelling of the eyes, joints or liver.

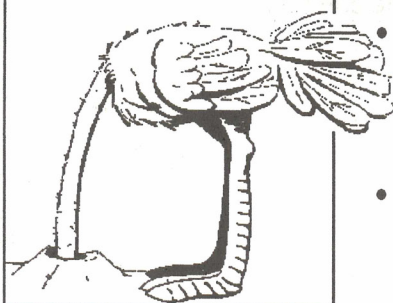
Symptoms Women

Most women have no symptoms at all. But some women may notice

- a lower tummy pain (like period pain)
- a changed discharge from the vagina
- pain when peeing

Treatment

- Treatment will ease the pain, and shorten or help prevent further attacks of herpes, although there is no cure.
- Pregnant women must tell the STD clinic or doctor if they have, or have had, genital herpes. The bugs may come back when you are pregnant and can sometimes hurt the baby.
- Cervical cancer can be cured if the first signs are found early enough. It is vital that you should have a cervical smear test, if you have ever had sex, at least once every three years – or more often if you have had a sexual infection (STD), especially genital warts or herpes.
- See your STD clinic or doctor as soon as



and treatment

Men

Quite a few men have no symptoms at all. But some men notice:

- a thin white or thick yellow drip from the penis
- a burning, stinging or mild pain when peeing
- a really bad pain, sometimes with swollen balls.

Treatment

- If you have any symptoms you need a full check up at your local STD clinic, a doctor or Family Planning clinic.
- Even if you haven't got any symptoms, but have sex without using a condom, it is best to have a check up.
- You will need to be sure that both you and your partner(s) have treatment at the same time – or the bugs will "ping-pong" – meaning that you will catch it again and be back to square one.
- Men must not have a pee for about 2-3 hours before seeing the STD clinic or doctor.
- Tell the STD clinic or doctor if you are pregnant, or might be pregnant, before

getting treatment. It is very important to treat chlamydia during pregnancy. You might pass the bugs on to your baby and cause an eye infection or pneumonia (a chest infection)

Tell the STD clinic or doctor if you are taking any medicine (including the pill) or have any allergies or previous bad reaction to medicines.

Tell the doctor if you have any medical conditions or have recently been overseas. You and your partner must complete all treatment including taking all medicines. You and your partner must return to the STD clinic or doctor when asked to do so.

Do not have sex until the doctor says you can.

Counselling, advice and information are available at the STD clinic if you or your partner feel that you need it.

Condoms reduce the risk of catching STDs including AIDS and hepatitis B.

GONORRHEA

Gonorrhea is a common STD that can cause a discharge in men and women or low stomach pain in women. Occasionally it can be present without any sign of infection.

Usually a visit to the STD clinic and a simple course of penicillin is enough to cure the problem.

Recently however a new strain of penicillin resistant gonorrhea has become a major problem in Auckland.

Antibiotics to cure this strain are only available from an STD clinic and are not generally available at a GP.

If you receive treatment for gonorrhea at your GP please check that it will cover penicillin resistant strains.

AUCKLAND SEXUAL HEALTH SERVICE

STD clinics are located at:

Manukau Health Centre

Tel: 09-2637-604

Auckland Hospital Building 16

Tel: 09-372-885

Waitakere Hospital Tel: 09-8386-199

Further information can also be obtained by calling a

Public Health Nurse on Tel: 09-372-894

WELLINGTON SEXUAL HEALTH SERVICE

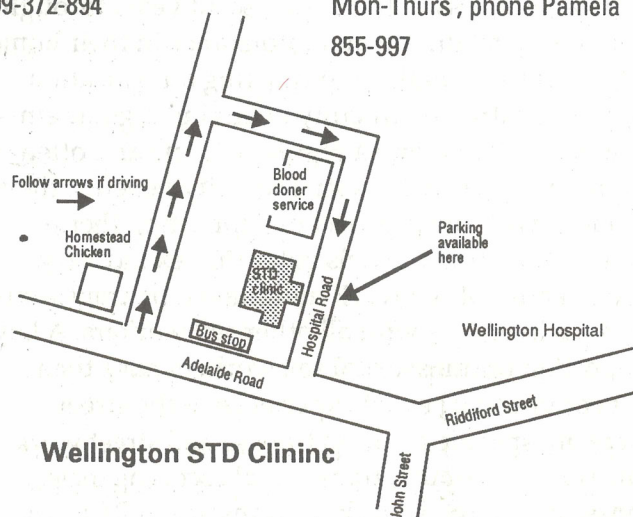
Readers of Siren will be welcome at the Wellington STD clinic. All treatment and advice is free and confidential.

Hospital Road Clinic (by appointment)

Men's clinic

8.30am-6.00pm Mon-Fri, phone Andrew 855-996

Women's clinic 9.00am-5.30 Mon-Thurs, phone Pamela 855-997



Transsexuality and the Sex Industry

from the National AIDS Bulletin, June 1990

Over the last decade we have all had an interest in following the AIDS epidemic, each of us with our own special interests. To some it has been the epidemiological progression or the manifestations, others have focused on treatment aspects and, for many, the personal implications AIDS has produced.

On a more profound note however is the fact that the AIDS pandemic has given many a vehicle on which they can promote their own cause.

Many of the courses have been productive while some could only be considered destructive and divisive. AIDS has created the forum where we can talk openly about previously taboo subjects.

The fact that this issue is a testament to this new found openness.

In the Australian Federal government's white papers on AIDS one can see at a glance the extent of the government's commitment to minimising the impact that this virus has on most sectors of our society. Obviously there are strategies for homosexual males, others for women and children, people of Aboriginal ancestry, for IV drug users and for sex workers. However, one group in our society hasn't been considered, to warrant a strategy in the policy. More telling than that is the fact that they don't even rate one word in the whole document.

Transsexuals have, for a long time, been the "lepers" of our society. They are not accepted in "straight" society, and are barely tolerated by the "gay" community. They don't enjoy the same rights, yet are strictly subject to the same responsibilities as the rest of society. They have no protection under any discrimination legislation in any jurisdiction within Australia.

Individually and as a group, transsexuals are educationally and socially disadvantaged. Many become homeless in their adolescent years through lack of understanding and intolerance in their home.

Without the benefit of completing an education they have extreme difficulty obtaining regular employment. Not having a regular income and often before they qualify for social security benefits, they are faced with the prospect of supporting themselves. Many transsexuals enter the sex industry.

The venues of sex work undertaken by transsexuals is as diverse as with all other sex workers. A large proportion of transsexual sex workers have their first commercial sexual experience in the street. There are specific areas on transsexual street work, transsexual parlours, transsexual escort agencies, transsexual private workers, transsexual B&D mis-

tresses, and even transsexual strippers.

While sex-changed transsexuals frequently work in the female sex industry, they are often under extreme fear of discovery and automatic dismissal.

Some of the sexual active transsexual sex workers perform are receptive and insertive anal intercourse, active and passive oral-genital intercourse, mutual masturbation, receptive neo-vaginal intercourse and receptive pseudo-vaginal intercourse to name a few. Each mode of intercourse has its own unique risk factors.

Transmission of HIV with pseudo-vaginal intercourse may appear of minimal risk for example, however when one considers that there is a high incidence of dermatitis on the penis and perineum, from the constant "tucked" state the transsexual maintains, the risk of transmission may be increased.

Transsexuals occupy a small yet significant proportion of the total sex worker population. Like female sex workers and as opposed to the male sex workers, transsexual sex workers are not limited by an upper age limit. Male sex workers often lose the ability to attract clients when they no longer look like "boys". On the other hand transsexual sex workers can work as long as they wish, there is currently at least one transsexual in her fifties who still continues to sell sex.

As with recreational sex, in commercial sex there are always at least two parties to the transaction. The client group occupies the silent majority in the sex work industry, yet is infrequently targeted for special attention. If an educational package is developed for the clients of sex workers it is usually targeted at clients of female sex workers. The clients may not realise the transsexual is not a female, others may be seeing the transsexual sex workers while he (client) is in a transitional stage between rejecting heterosexual and accepting homosexual identity or they may be specifically attracted to transsexuals. In most cases the client may not identify as a bisexual or homosexual and information directed at those groups will hold little relevance for him.

Another area for concern with transsexuals is their desire for sex-reassignment surgery. Although there have been attempts at establishing gender identity clinics in public hospitals in various centres throughout the country, most have failed after they lost key personnel. In Australia surgery is currently available privately at a cost of around \$7,000 which is not covered by Medicare. Prostitution is often the only means an unqualified unemployed transsexual can use to obtain the cost of the surgery. HIV-seropositive trans-

sexuals are excluded from sex reassignment surgery.

In a recent study on transsexuals, conducted at the Albion Street (AIDS) Centre in Sydney it was reported that 83% of their 69 tested transsexual clients were sex workers, 43% were IV drug users and 20% were HIV seropositive. However throughout Australia there is no specific programme for prevention of HIV infection or management of HIV infection in transsexuals.

The apparent contradiction between the obvious need for HIV / AIDS service and the concurrent total lack of those resources being directed towards transsexuals warrants some discussion. Australia has a reputation for its comprehensive and innovative services provided in the face of the AIDS pandemic, why then has a group so significantly at risk from HIV been overlooked or neglected.

Governments can not say they were not aware of the existence of transsexuals, when an entire conference of state and federal Government's Attorney General was held on transsexuality in the mid-1980s. However the recommendations of that conference were never enacted as law. Is it possible that the main governments in the country believe that the issue of transsexuality is one for the "too hard basket"? They therefore may believe that inactivity on the issue is preferable to challenging the numerous legislative problems that would need to be addressed.

Transsexuality and transsexuals will not go away. They are suffering in the face of this lack of legislation and are indeed suffering the full extent of this epidemic.

We in the health, welfare and government arenas need to take stock of our stand on the issue of transsexuality. We need to find out why 83% of transsexuals are engaged in the sex industry and 44% use IV drugs. Do these transsexuals want to be there and if they don't, are there any alternatives to assist them out of the commercial sex industry? We could enquire why the only legitimate treatment for transsexuality, that of surgical reassignment, is not covered under universal health care system, Medicare. We could investigate why transsexuals do not enjoy the basic rights such as legal discrimination protection, the right to marriage or even legal rights after being assaulted.

Most importantly, however, in this age of AIDS we must educate transsexuals and their sexual partners, whether they are commercial client or not, about their sexual health and the continued need for safer sexual practices and safe drug use.

We must also be humane enough to develop service that will allow the HIV-seropositive transsexual to lead a more fulfilling life. That must also include her having the opportunity of undergoing a sex reassignment operation if she so chooses.

GUIDELINES FOR TRANS PEOPLE

SAFER SEX

ANAL SEX Make sure that condoms are strong and thick, not the ultra or super thin type. • Check the expiry date. • Always use water based lubricants, for example KY jelly (as a trans person this is my personal preference). Other lubricants seem to dry out too fast, remember if you are too dry your condoms could split or break. • Never use Vaseline, handcreams or massage oils as these eat into the latex and cause them to perish. • Recommended condoms to use for anal sex are R3s. Do not have anal sex if you have any of the following: • Piles (haemorrhoids) • Any cuts or lacerations • Any sign of blood. • Also for trans people who are participating in anal sex a douche is a hygienic way of keeping your anal passages clean.

ORAL SEX AND BLOW JOBS Many trans people still believe that it is OK to give oral sex without the use of condoms and that you won't catch any form of STD. But did you know that you are putting yourself at risk of catching the following: • Herpes of the mouth • Genital warts of the tongue • Gonorrhea • Thrush (very common) • If some of the above are left unchecked they can become serious.

TRICK SEX A lot of trans people use trick sex as a substitute for "hetero sex". Although there is no actual penetration it's still safer to use condoms. If you have sores or cuts between your legs these can become infected by your client's semen.

HAND RELIEF OR HAND JOBS Hand relief or hand jobs are considered safe to do without condoms. But if you have cuts or open sores on your hands, make sure these are covered up and use a condom. Always wash your hands as soon as possible afterwards.

S

ex work is difficult work at the best of times as we all know and while it may put some workers off the idea of having a lover, some workers carry on with, or develop relationships outside work in the "real" world.

This for some is the hardest part of the job – What do you tell your partner? Do you want them to know? Will they find out if I lie? How will they react if they find out? If they know, how much about work do we want to tell them? How will they cope in a year of two's time? Do they really understand it's just a job? Will they use me for my money? Will they screw around for revenge if they can't cope? FAMILIAR?

One of the problems with sex work is that there's a lot of *giving* involved on our side. All day and night it's give, give, give. OK, so our wallets do the receiving, but mentally and emotionally this work is extremely draining. When one spends so much time *giving* it's nice to get something back from someone who *really* cares.

Sex workers deserve respect from everyone, especially the partners in their lives, but do many workers get a fair deal from their partners? While most seem quite happy in their relationships, I think we all know of someone who's partner cares more for their money than for them, not working and living off their earnings.

Take for instance Lisa (20) who married Greig only to find after they were married that Greig quit working and refused to get a job saying he "couldn't cope" (as if she could). Lisa didn't have any choice but to keep working (even though he called her a whore after work as he was diving into her wallet) or they wouldn't have had a roof over their heads. Luckily Lisa realised she'd been used and got rid of him after 5 months of marriage. (He was different before the marriage – usual story.) Some women aren't as lucky, they put up with this for years, sometimes out of fear, love, co-dependency...

On the other hand naturally not all partners are arseholes, some workers have quite normal relationships.

Margaret a 34 year old parlour worker has been living with her man, a lawyer, for a year. She's been working for four years. He knows about her work and understands her reasons even though he doesn't *like* it, he doesn't hassle her about it and they pay half for everything including household bills. "he won't let me pay for him at any time. I think he feels guilty if I spend any of my hard-earned money on him."

While Margaret's lucky to have an understanding partner, are some workers better off without the extra burden of a partner at home? One of the worst scenarios is going home after a day or night's work to find a partner who *also* wants sex. Janine a parlour worker puts



BOYFRIENDS

Where do they fit within your life?

it this way, "I get home from working a night and I'm exhausted, I hop into bed and there's another erection to contend with. He makes an advance and its rebuffed. I feel bad sometimes, but just can't cope with any more sex. I just don't *feel* like it. Funny thing is though, if he put \$100 by the bed I'd probably find the energy."

Many workers opt out of the relationships game altogether preferring to remain on their own and have themselves to themselves. Jean (28) has been working for seven years and prefers it that way saying "I'm happy on my own, I watch other women trying to balance a relationship and work and don't envy them, it's hard, damn hard. I certainly don't miss those hassles".

We asked some more workers in the industry how they feel and cope with relationships while they're working.

"I cope OK. I lie. I could never tell him I worked. I tell him I'm a receptionist and he only sees \$150 per shift of my money. I do feel guilty about it and what I dread the most is him finding out. Sometimes I think to myself that our relationship can't work because I have based the whole thing on a lie and I have left it far too long to tell him." *Anne, 24 Parlour Worker*

"The problem I've found is that they all think they can cope with you working at first because they love you or whatever, but as time goes on it gets increasingly difficult for them to cope and within a year they're wanting you to give up, funny that, and after two years or so, they're off because they can't cope with it and who can blame them. No good man can handle it for long." *Marie, 29 Parlour Worker*

"I don't. Basically you tell them what they want to believe. I was in a relationship where the guy wanted my money, it was to support his habit. He didn't care how I got the money but when it came to the crunch he would call me "whore" and play mind games. Soon he thought "if it's good enough for her to fuck around on me, then it's good enough for me to fuck around on her" because in his eyes he couldn't accept that I could distinguish work from home. Now I am in

a different relationship and he didn't know that I was working but why base the relationship on lies so I thought I'd be honest and tell him I was a sex worker. For some reason this changed me completely in his eyes. I was a different person and he had to go away and think about it. Are love and relationships really worth it? But we all have the feeling at some stage to be needed or loved. *Betty, 30, Trans Street Worker*

"I'd never have sex with a man in my private life unless he paid for it in some way. The only time that I would seriously consider it now, without being paid for it is if I found myself in love with him." *Suzanne, 28 Parlour Worker*

"I met him before I started working so we had a normal base to work on. The only reason that I got into this business was because we both lost our jobs at the same time and so there was no other choice than for me to start working. At first it was really, really hard but then we talked and talked about it when I came home after my first weekend of working, we talked about every single thing that I did. It helped me cope and it helped him cope with it because he understood what it was about and he knew that there was a difference between what I did at work and at home. Soon I am getting married to him and going overseas. I think it's made our relationship stronger and we both understand each other more than in a normal relationship." *Mandy, 23 Parlour Worker*

"When I got home from work at 2 o'clock in the morning he used to beat me up and tell me what a whore I was. I put up with it because I thought I didn't have any other choice. After a while I realised it didn't have to be that way so I left. I realise now it's better for me not to have a partner when I am working but somehow I still sort of want one, why I don't know because I am never going through that again. I guess in some funny way I need reassurance from someone who's not paying me money, that I'm an OK person." *Michelle, 24 Parlour Worker*

**The
End**



WOMEN & AIDS

Reprinted from *Collective Thinking*, March 1991

HOW DOES HIV/AIDS AFFECT WOMEN IN NEW ZEALAND?

In New Zealand our perspective on the epidemic is somewhat distorted by the small absolute numbers of women infected with HIV, the still high level of new diagnoses in males and by continuing press attention to the "heterosexual myth" (*Metro*, November 1990).

Women are in the forefront of the epidemic as mothers, sisters, partners, friends of people living with HIV or who have died from AIDS. The prejudice which accrues to those infected is also directed at the women who support and care for HIV infected people.

And, most significantly, there are women in New Zealand who have HIV/AIDS themselves, the forgotten ones, virtually ignored by all the agencies working with people with HIV/AIDS. This is still a 'male' disease in most people's eyes. The particular and special problems facing infected women are rarely spoken of and very little information is available from any source about the nature, course and treatment of HIV infection in women.

HOW CAN WOMEN GET HIV?

X Having unsafe sex

HIV is carried in blood, semen and vaginal secretions. It is passed from one person to another during anal or vaginal intercourse.

While the mechanism of transmission is not fully understood there are two main theories. Firstly, during anal or vaginal intercourse small rips or tears in the membranes lining the vagina or rectum (bum) can allow infected semen (cum) to be absorbed into the blood stream.

Secondly, there are cells on the head of the cervix which may be directly infected with HIV. But, whatever the technical explanation, the evidence is clear cut that transmission occurs as a result of unprotected intercourse, vaginal or anal.

Other sexual activities which involve blood to blood or vaginal fluid to

blood contact are potentially dangerous:

- Oral sex (going down on) when one has open sores or cuts in or around the mouth or during her period or is bleeding from vaginal tears or sores
- Putting ones fingers or fist in partners vagina or rectum when there are open cuts or sores on ones hands
- Sharing sex toys ('marital aids', dildoes, vibrators etc) which come into contact with vaginal secretions or are inserted in the anus without cleaning or using a new condom each time they are swapped
- Mouth to anus (bum) contact, especially when you have open cuts or sores in or around your mouth
- S/M practices which result in blood being drawn and coming into contact with your partners bloodstream.

X Sharing drug using equipment

Using needles, syringes, filters, cookers or water that other people have used can spread HIV. The virus is carried in traces of blood which are left in or on the equipment. Injection into the bloodstream, a place the virus finds the cells it needs to reproduce, provides the maximum opportunity for infection.

X Accidental inoculation with infected blood

Many women work in health care occupations, eg. nursing, laboratory technicians, where they may come into contact with blood, blood products or semen.

Fewer than 40 people, world-wide, have been infected as a result of accidental inoculation with infected blood. Significantly, in the majority of cases, the person was aware they were handling infected blood, and yet the accident still happened. Some 20-25% of cases could have been avoided if the correct procedures for handling infected body fluids had been followed.

Common factors included a significant inoculation of blood (0.1 ml), deep, traumatic needle-stick injury, and syringes with large bore needles.

✗ **Being the infant of an infected mother**

While there are a small number of infected women in New Zealand the number of infected babies will also remain low. However, there have been a number of infant infections.

HOW CAN WOMEN PROTECT THEMSELVES FROM HIV INFECTION ?

✓ **Safer Sex**

The first choice is to say no to sex or intercourse. We each control access to our own bodies and saying NO is OK. However, NO is a choice not all people can or will make.

The second choice is to have a sexual relationship which avoids intercourse. There are a wide range of non-penetrative (without intercourse) sexual activities – kissing, cuddling, massage, petting, mutual masturbation, use of fantasy, dressing up, play-acting, dirty talk, imaginative use of food, feather dusters etc – which give much pleasure and are completely safe. There's a big opportunity to let your imaginations run riot and have a mountain of fun without any fears or worries intruding.

Finally, if you are going to have intercourse, there is a way to minimise the risk. GET HIM TO WEAR A CONDOM. Wearing a condom helps make intercourse safer. However, a condom is a safety device, which works best when it is used properly.

The condom should be placed on the erect penis before any penetration takes place. Sometimes a drop of lubricant placed in the end of the condom before putting it on can help minimise any loss of sensitivity. But be sure the lubricant is a water-based – KY Jelly is the most well-known, but there are others. Avoid oil-based lubricants – vaseline, hand cream, suntan lotion, butter, margarine, massage oil, baby oil to name a few – are not suitable. The oil can perish the condom very rapidly.

Condoms break when they are torn by fingernails or teeth, were stored in a warm place like a glove box or hip pocket, because they were out of date,

there was insufficient lubricant or the wrong type of lubricant was used.

Whichever of these options is appropriate for you, you will be taking responsibility for your own health and you need never worry about becoming infected with HIV.

✓ **Safe drug usage or avoidance**

There are three options for protecting yourself from acquiring HIV as a result of drug use. Stop using injectable drugs completely, stop sharing equipment (works) or if sharing is unavoidable use safely.

The most simplistic approach is for IDUs (Injectable Drug Users) to stop using. Yet because of the complex psychological and physiological factors involved in addictive behaviours this option has limited appeal, especially while the specialised help which may be required is not easily available. In some centres there are long delays to get into detox programmes or on to maintenance programmes.

Secondly, recognising that some people are using injectable drugs, campaigns to encourage users not to share equipment are necessary, in conjunction with measures to facilitate non-sharing. The needle and syringe exchange programme has been rather successful and most towns and cities have a chemist or IDU support group participating in the scheme.

But patterns of drug use vary widely and often sharing takes place when the drug becomes unexpectedly available and when users may not be carrying their own works. For this reason the third option is to encourage safe use. The National Council on AIDS has recommended the promotion of the "2+2+2" approach – TWO rinses with bleach, TWO rinses with cold water, TWO rinses with bleach. In addition, the Department of Health is now including a sachet of bleach in each needle and syringe pack, along with a condom to promote both safe drug use and safer sex.

Condemnatory attitudes, criminal sanctions and moral indignation have not and will not solve the problems of either drug use or HIV transmission among IDUs and their sexual partners.

✓ **Avoiding accidental inoculation**

Blood transfusions in New Zealand are as safe as they can be made. Since 1985 all donated blood, blood products, organs or semen have been screened for HIV. Blood transfusions are not nearly as common as they once were and whole blood transfusions are even more uncommon. Usually some particular blood product is transfused and this will have been treated to eliminate any possibility of accidental transmission. In addition, there are new techniques available to 'recycle' the patients blood lost during operations.

Another option exists for those who are worried. If you know you are facing surgery and you are concerned about blood transfusions, you can arrange to donate some of your own blood prior to the operation.

If you find yourself in situations where you may come into contact with blood or other body fluids eg. accidents, at work or caring for an infected person, cover open cuts and abrasions, take extreme care with sharp instruments, always follow workplace guidelines for handling body fluids, wash exposed skin after contact with blood, but above all be sensible. Extreme measures are not necessary to protect yourself.

✓ **Caring for someone with HIV/AIDS**

HIV is not a casually contagious disease. It can only be acquired through specific unsafe behaviours. HIV is not spread by kissing or hugging, by sharing cups, plates or other utensils, nor from toilet seats, towels, or swimming pools. The care you usually take around someone who is ill will keep you safe from HIV. The virus dies out quickly when exposed to heat, soap or household bleach or by being dried out.

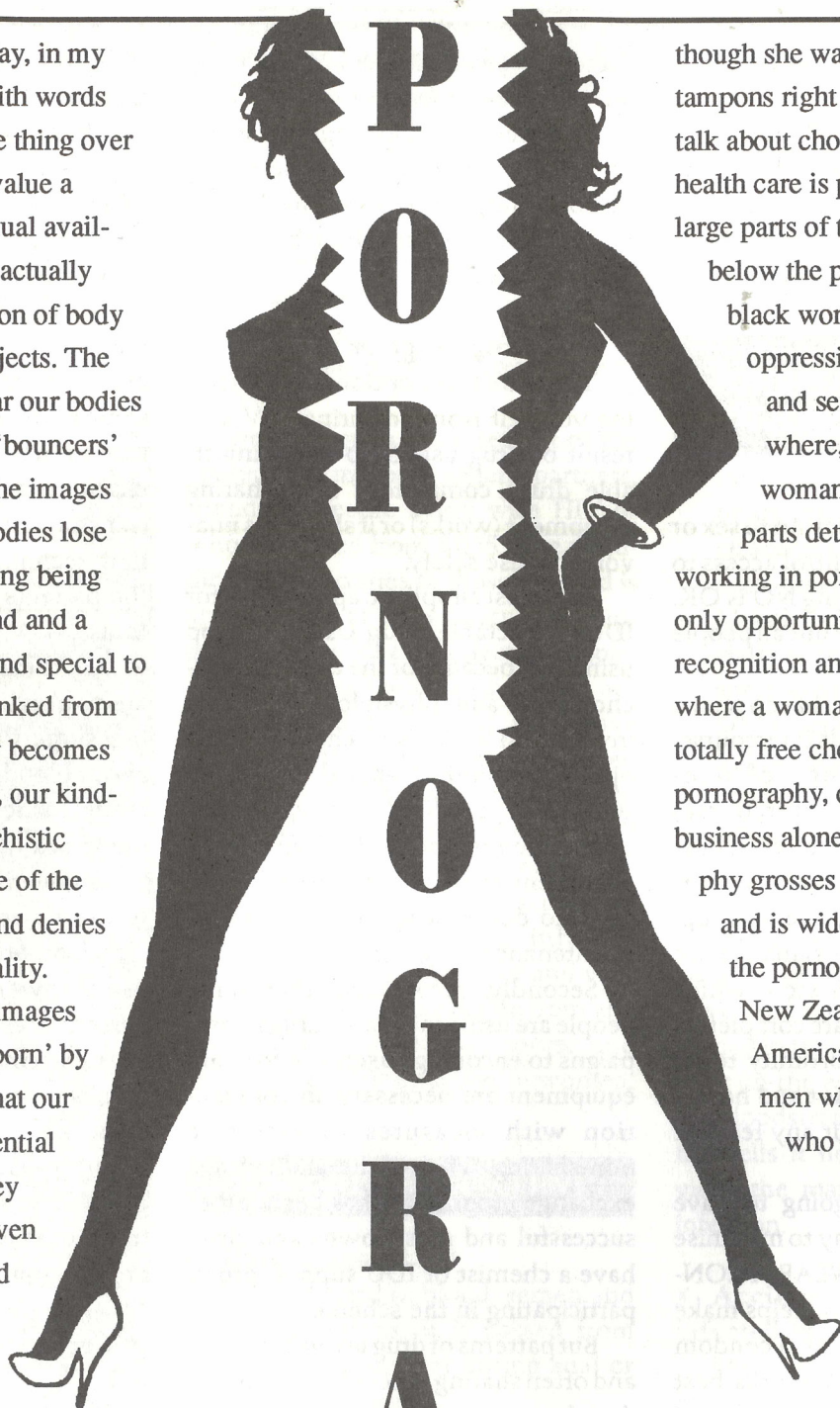
And while the virus has been detected in minute quantities in body fluids other than blood eg. saliva, vomit, urine, faeces (shit), there are no cases of persons sharing the same household or caring for someone with HIV/AIDS becoming infected.



I'm feeling tired. Every day, in my work, I am confronted with words and images which say one thing over and over again: the only value a woman has lies in her sexual availability. A woman doesn't actually even exist - just a collection of body parts, orifices, useable objects. The titles of the magazines tear our bodies apart into 'Ass Parades', 'bouncers' and 'Hanging Breasts'. The images dismember us until our bodies lose their value as a whole living being which encompasses a mind and a soul. Everything central and special to our being as women is yanked from its context - our sexuality becomes empty gaping availability, our kindness is twisted into masochistic submissiveness, the image of the sadistic domina distorts and denies our true strength and equality. Most of these words and images are not considered 'hard porn' by the people who decide what our shops will sell to any potential rapist or actual rapist. They are called 'harmless' or even 'liberating'. But to me and the rising tide of women who know about the hatred and violence behind them, these words and images are pornography.

The women who help make pornography are sometimes there by choice, sometimes not. An American pornography model told a researcher: "On my first job there was a woman who had just had a baby two days prior to the assignment. She was bleeding. She was doing the movie to try to get the kid out of the hospital. She had this tampon - or two of them - in her to try to stop the bleeding, even

by Susan,
from Women
Against
Pornography



though she wasn't supposed to use tampons right after birth." It is hard to talk about choices in a country where health care is privately run, where large parts of the population live below the poverty line and where black women suffer the triple oppressions of poverty, racism and sexism. In a society where, more than anywhere, a woman's collection of body parts determines her value, working in pornography can be the only opportunity to gain some kind of recognition and admiration. But even where a woman feels she is making a totally free choice to help make pornography, does it remain her business alone? American pornography grosses 10 billion US\$ per year and is widely exported. Most of the pornography in Aotearoa/New Zealand comes from America. Can it only affect the men who use it and the people who make it?

Pornography affects me. The men who use it and the men who make it are robbing, raping my rights, my choices, my life. Pornography feeds the male violence which all women live in fear of. Pornography makes me frightened, suspicious of my body and the messages men might think I'm sending out. It tries to tell me I'm worthless if I don't look and act a certain way. And even if I reject this imperative, the pornographic image will steal into my mind pushing aside the erotic thoughts and feelings and leaving me cold and disappointed, my lover worried and upset, our love-making destroyed. All the beauty of

an erotic warm feeling instantly gone behind a remembered image of vivid degradation. All my strength and equality in love-making fading under the impact of pornography "it's only real sex if you have intercourse, let him dominate, you won't feel the pain if you just try a bit harder to get turned on... My partner hates pornography and instantly sees my pain. He won't dominate or hurt in any way, so we end up talking or just snuggling up. Good that nobody's distorted snuggling and talking in the same way.

What effects of pornography are other women suffering? We have letters, phone calls and articles from women physically and psychologically hurt by or as a result of pornography. In an interview one woman said: "We were in bed, making love, and suddenly, out of the blue, he slapped me across the face and called me a 'bitch'... he had never hit me before, even during arguments. I think the pornography he was reading encouraged him to suddenly behave like this in bed." The well-known copycat rape in Auckland in which a woman was dragged behind a car by a rope around her neck, only hours after the screening of a similar scene in the TV film 'The Awakening of Casandra', demonstrates the immediacy with which women-hating images can take effect. The most frightening recent example widely publicised by the media, was the rape and murder of Monica Cantwell. The man confessed that he had been influenced by pornography. But the pornography he named was not a snuff movie or a bondage magazine as may be expected. He told police that 'he often went to strip

clubs and read pornographic magazines such as Penthouse.' The 'harmless' and 'soft' pornography easily and legally available helped form the attitudes of a rapist and murderer. And from the police statistics and the research articles linking pornography to sexual violence which abound in our office:

"Mr Lines, a detective for 27 years, said that in his experience pornography was usually used by adults sexually offending against young people." "Eysenck and Nias (researchers) conclude that 'such films do constitute a clear case of incitement to maltreat women, degrade them to a lower status, regard them as mere sex objects, and elevate male machismo to a superior position in the scale of values.'"

How do we fight back against these images of women and the messages they convey? We align ourselves with the wider feminist and antiviolence movement. Rape Crisis, Women's Refuge, National Women's Self Defence and many other groups support our definition of pornography and our work. We worked together with these groups to organise the recent Reclaim the Night march.

Our most important achievement has been to change people's attitudes. In 1983, when Women Against Pornography started out, the media and the general public only saw two sides to the debate – the moralist and the liberal side. Both these groups took a male-defined point of view, the first being that the (male-dominated) Christian doctrine had to be followed by banning anything depicting nudity,

sexuality or non monogamous heterosexual marital relationships. The moralists wanted and still want to ban lesbian and gay material, regardless of presentation and value of the material (eg *The Colour Purple*), they want sex education kept out of schools and they want women to be kept ignorant and helpless regarding their own bodies by making contraceptive information unobtainable. Moralists still have quite a lot of power in our society and are making sex education difficult to gain and abortions closely proscribed. As most of us realise, moralists are pushing an anti-women doctrine which restricts our choices and our role in society.

In the sixties and seventies, the liberal side of the debate therefore seemed a lot more attractive to many women. Liberals claimed that free love was a wonderful thing, that people could go in and out of relationships without a worry and that material which showed this kind of sexuality was liberating. While many people did find this idea liberating sexual freedom was far easier to achieve for men than for women. Many 'liberal' women found themselves conned into having sex with men they didn't really want to be with and many women saw the dark side of free careless love – unwanted pregnancy, venereal disease, emotional dissatisfaction. The liberal point of view was based on the premise that equality between the sexes existed and that women could have and enjoy the same things a man could. This is a blatant lie and is a lie which pervades pornography. It is a lie which serves the interests of men, not those of women. In a country where women earn 30% less than men, where men

are over represented in positions of power in the workforce and where pregnancy and childbirth are still a major setback in a woman's work, pornography which shows workplace sex (eg Nightshift Nurses video) encourages sexual harassment and worsens our burden. It is not liberating for a woman to experience sexual harassment as well as bad pay, bad conditions of work and less opportunities in the workforce. This example demonstrates the difference between our idea of pornography and the moralist one. We are not concerned about 'morals', 'standards' or the bible. We are seeing, hearing about and experiencing real harm to real women done by men and encouraged by pornography. The liberal idea of 'freedom' means restriction and oppression in many women's lives.

Pornography is not erotica. In erotica, sexual partners are portrayed as equals in a mutually satisfying and consenting relationship. The question is, can erotica exist in a society where women are degraded and oppressed, and where the sexual portrayal of women most often serves to objectify and degrade us? We have seen very little material which can be termed erotica', but to give some examples, erotica and pornography are as different from one another as the love scenes in 'Brideshead Revisited', 'Desert Hearts' and 'St Elmo's Fire' are from the pornographic videos in your local video store. Nudity or sexual explicitness are not the factor, but the context of power in which the scene is presented.

Our proposal for a legal definition of pornography is: Pornography in any

form of material with sexual connotations (including verbal, pictorial, live shows, displays or written material) which involves the subordination of women which includes one or more of the following:

- a) Where women are presented in scenarios of degradation, injury, torture, shown as filthy or inferior, bleeding, bruised, or hurt in a context that makes these conditions sexual.
- b) Material which incites hatred against women.
- c) Women are presented dehumanised as sexual objects, things or commodities.
- d) Women are presented as sexual objects who enjoy pain and humiliation.
- e) Women are presented as sexual objects who experience sexual pleasure in being raped.
- f) Women are presented as sexual objects tied up or cut up or mutilated or bruised or physically hurt.
- g) Women are presented as available to be terrorised and abused.
- h) Women's body parts – including but not limited to vaginas, breasts or buttocks – are exhibited such that women are reduced to those parts.
- i) Presents a stereotype that all women's lives are primarily focused on an imagined insatiable sexual appetite and that all women welcome any sexual advance of any nature.
- j) Women are presented as sexual objects with animals.

The use of men, children, or transsexuals in the place of women in any of the above is pornography for the purpose of this definition.

Gay material which shows consenting adult partners would not be harmed by this definition, nor would truly erotic non exploitative heterosexual material. Images of lesbian women which show pseudo 'lesbian' sex for the benefit of male viewers would be banned, as they are degrading and unacceptable to lesbians. Some advertising would also be affected.

This is the point of view which we've been telling people about since 1983, meanwhile, support has grown and what was once dismissed as being "fringe" is now widely accepted by media, community groups and individuals. We want the government to legislate against the anti-women propaganda that pornography is in the same way as racist material should be legislated against (until recently, racist material was banned under the Race Relations Act, This was changed after pakehas tried to use the complaints system against Maori activists. We believe that the system should have been strengthened and safeguarded instead.) After years of pushing, the government last year appointed the Ministerial Committee of Inquiry Into Pornography, This committee's report was good in many ways, accepting the feminist definition of pornography as the best definition but still thought it would be too 'radical' if put into law. We have been lobbying the government to act on the report, which strongly recommended better legislation, and to integrate our definition of pornography into the law.

Cystitis is a general term for a urinary tract infection (UTI) or inflammation of the bladder or urethra (the tube through which urine is passed). Workers often get UTIs because of the amount of irritation the urethra gets through frequent intercourse. New workers are especially prone to UTI. Cystitis is easy to deal with once it is understood.

It is caused because the urethra is short and bacteria don't have far to travel to infect the bladder. Also, the urethra is close to both the vagina and the anus, making it easy to transfer bacteria to the urethra.

I used to get frequent attacks until I realised that it was due to "rabbit humping" – when the clients lift their bum in the air when fucking, causing urethral irritation. Once I stopped them doing this I never got cystitis again.

A condom does not protect you from cystitis as the bacteria which commonly cause cystitis are E coli

which live in the bowel and can be introduced into the urethra during sex (on the condom) or by fingers pushing the bacteria up onto the urethra. Urine provides a great environment for the E coli to multiply. As with all infections, you are more likely to get an attack if you are run down or stressed and your resistance is low. That's why it's important to look after yourself and eat well.

Workers are also more prone to cystitis as we drink lots of coffee, which causes dehydration. You urinate less and urine remains in the bladder longer, which makes it more concentrated, providing an ideal target for infection.

If the vaginal environment becomes alkaline (normally it is acid) due to stress, the menstrual cycle or the pill, bacteria levels in the vagina increase and so do your chances of getting cystitis.

Vaginal infections, talcum powder, vaginal deodorants and contraceptive foams and creams can all change the balance of vaginal bacteria, irritate delicate tissues and encourage urethral inflammation leading to cystitis.

If you get recurrent attacks of cystitis, see if you can link it to something in particular to assist you in preventing an attack.

Coping with cystitis

Symptoms

These usually occur 12-30 hours after infection. Passing small amounts of urine and the desire to urinate frequently are both symptoms. The urine usually burns and may smell, and may contain blood or pus. There may be a persistent dull ache above the pubic bone.

Although not all symptoms appear at once, they are painful, distressing and require immediate attention. If not treated, backache, fever and shivering attacks indicating the infection has spread to the kidneys may occur. This is serious and is called acute pyelonephritis.

Treatment

Medication should only be given once you have been diagnosed and there is positive evidence of bacterial infection. Antibiotics won't clear up cystitis related to bruising during sex which occurs about 12 hours after sex. Bacterial infection occurs about 30 hours after sex as it takes this long to reach an infective level.

If your cystitis doesn't clear up or if it's your first attack, seek medical advice as soon as possible.

If you are given antibiotics the symptoms will clear up in a few days, but remember to take the whole course.

from
Working Girl, No. 9
Prostitutes
Collective
of Victoria
Newsletter



Relieving an Attack

When you feel an attack coming on you can reduce the symptoms by:

- drinking half a litre of water to start, then a quarter of the litre every 20 minutes until you are weeing heaps. This flushes the urinary tract, dilutes the urine and relieves burning,
- take 1 teaspoon of Citravescent or a Ural sachet (available at chemists) in water, or bicarbonate of soda in water three times a day. This reduced the acidity of the urine which causes the burning sensation,
- take 2 mild pain killer if in pain,
- have a few days off work. If you have been to the doctor, get a medical certificate,
- put a hot water bottle on your back as heat relieves the pain.

Herbal Relief

For those who prefer not to use synthetic drugs:

- four garlic oil capsules four times a day to fight

infection, combat nausea. (Note: pregnant women should not have high dosages of garlic),

- drink dandelion coffee,
- drink 4 to 8 cups of alfalfa or parsley tea a day,
- 2 to 3 cups of oatstraw tea and one cup of cornsilk tea are useful in preventing attacks. One cup a day can be used as an effective long term prevention measure,
- rest.

If these don't help, seek medical advice.

Prevention

- Always wipe from front to back after urinating or using your bowels,
- pass urine before and after sex,
- avoid coffee as it dehydrates the system,
- drink plenty of water to combat dehydration,
- don't hold onto your urine.

I hope this provides some understanding of cystitis and offers practical information to prevent attacks.

Celestine

Condoms - What you might wish to know

The condom, or sheath fitting over the penis, has long been used as protection, and as early as the 16th century the physician Gabriel Fallopius designed a medicated linen sheath for the glans or tip of the penis for the purpose of preventing venereal infection. By the 17th century, the condom was utilised as a contraceptive as well. Early condoms were generally made of animal gut, hemmed at one end, or fish membrane and were often inefficient. The Marquise de Seigne sarcastically described goldbeater's skin intestinal membrane from cattle as "armour against love, gossamer against infection." Casanova used condoms as contraceptives. Legend is confused on the origin of the term condom—one story telling of a man named Condom devising such a contraceptive for Charles II of England. Since the 1840s most condoms have been made of vulcanized rubber or, since the 1930s, of latex. At first they were usually washable but now are generally disposable and slightly lubricated. Efficient, convenient, but still disliked for its dulling of sensation, the condom fails mainly because of irregular use. (Extract from the Encyclopedia Britannica)

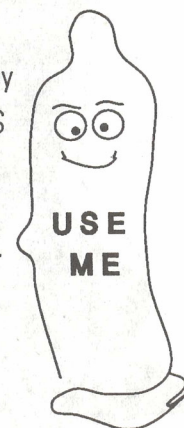
In the British Army the condom was available to soldiers overseas where there were brothels and street girls. In Heliopolis (suburb of Cairo) they picked up a condom at the M.I. Room that

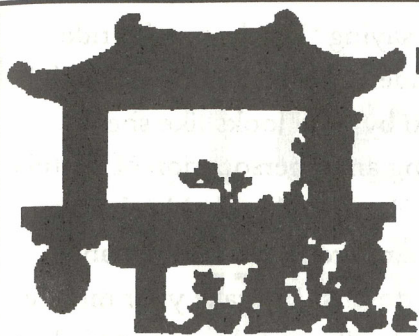
was positioned at the entrance to the camp and on return he was required to have an inspection by the Medical Orderly and wash his private parts for crabs etc. This was to prevent infection. Anyone who contracted a sexual disease was usually charged with self-inflicted wounds.

New Zealand soldiers before going into action were paraded and addressed by a very bashful sergeant major says a letter in *Review*, "Now I don't want any Smart-Alec comments from you blokes, but I've been instructed by the New Zealand Patriotic Board to issue each man with one condom (not his word)! "What you do with them is your own business. Troop, Dismiss!" Picture if you can the scene two days later boarding their assault craft, many with muzzles of their firearms covered by condoms to keep out the frequent rain. Others were using them as waterproof match containers.

Nowadays we know only too well that they are very necessary for survival against AIDS but the "french letter", "froggie", "rubber", "overcoat" or simply condom was not intended for birth-control but was originated for protection against venereal disease.

Helen





The Asian Scene

by Sherrie Lee Stone

After being a stripper in New Zealand and Australia for 12 years I decided to try the scene in Asia. I was lucky enough to find a tall black man as a partner on a visit to New Zealand and we spent 3 months rehearsing at our flat in Sydney, while our agent organised a 4 week stint for us in Malaysia.

While we were waiting for our Malaysian contract to be finalised we performed in most strip clubs in Kings Cross: paid rehearsals we called them. This was the only time we appeared without G-strings.

Soon we were on our way (air fares paid) to Singapore and onto Malaysia. Our 4 week contract was extended to 8 weeks. During this time a Hong Kong agent came to see our shows and to talk to us. He signed us immediately. Our base for the next two years and a half was Kowloon, Hong Kong. Wages \$500 US, \$800 NZ, plus airfares, plus accommodation, plus food allowance.

After visiting Japan for 2 months, Taiwan on two occasions for 6-8 weeks and Macau on several occasions; we were awaiting the signing of a 3 month Korean contract. We had worked for 6 days a week for 6 weeks in a Hong Kong night club when we were busted by the Hong Kong vice squad.

To cut a long story

short, we could not leave Hong Kong while our trial was pending so our Korean contract was cancelled. I was able to find work in a topless bar in Kowloon paying HK\$1000 (NZ\$200) per month plus tips which could total \$100-\$400 per night.

Hostesses worked evenings and the bar staff were also allowed to "work upstairs". It went like this: The client would approach the lady of his choice and set the price. The hostess or barmaid then reported to the management that she was leaving with the client for one half to 1 hour. Upstairs were the "Love Hotels". Hotel rooms rented at an hourly rate. Each unit contained a bed, bath/shower and TV/video. As the units increased in price so did the quality of the rooms. From round, velvet vibrating beds and tinted mirrors to 4 people spa baths and needle showers. The average rate is \$250 for 1 hour, the client pays for the room and the management of the bar received \$50.

There are many bars in Hong Kong and Kowloon that operate along similar lines, so it pays to shop around for the best bar of hostessing rates.

Some night clubs have hostesses that are paid to talk and drink with the clients and some clubs let the ladies leave with the clients; But more 'up

market' clubs employ their hostesses at higher rates as the hostesses are hostesses only.

Most of the parlours are staffed by Chinese ladies only, but escort agencies are open to women and men of all nationalities.

The escort agencies operate in a way that is unimaginable in NZ. It's a flat rate of around \$250 and that is split 50/50 with the agency. On joining the agency the ladies pay \$200-400 bond that is returned after giving two weeks notice of intention to leave. Ladies work by beeper from home and take taxis (at their own expense) to the job.

So if you're planning a "working" holiday in Hong Kong check out the options in all the bars and night clubs, both in Hong Kong and Kowloon. The Chinese are a lovely people who are eager to help and to please. Your price, food, clothing and accessories.

Other Asian countries; Malaysia, Macau and Japan have hostesses working in the night clubs that provide live entertainment, ie

bands, dancers and the like. Often the ladies sit behind one-way glass with a large number pinned to their dresses. The client tells the Mama-san which lady he would like to spend time with.

Each country and each establishment is different, so once again check out all the places available before you begin working anywhere.

If you are a stripper I would recommend that you take an overseas contract. You will have a wonderful time and see the real country, not the tourist sights. You'll eat the real food, and meet the real people. Plus you'll make lots of money, and friends from all over the world. Solo acts are employed, but most clubs prefer duos or trios. Men as well as women. Get some really good publicity photos done in sparkly lavish costumes and reasonably sexy poses.

The Asians love European acts that are classy and well presented. But their expectations are high, as many acts from the

UK are truly magnificent to see.

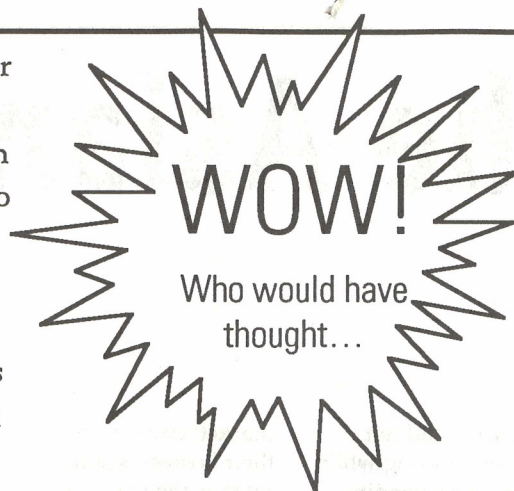


...that one little piece of rubber could cause so much conflict? Well apparently it does. Never in one generation has there been so much hatred and so much approval of one tiny tiny object.

I'm sure that all working girls, and all those "awakened" clients out there (yes you do exist!) will know what I am writing about, "The little rubber rescuer" ... "the Condom". There are, amazingly, still people out there who believe that all the little nasties that crawl around in people's penis and vaginas are never going to get into them! (Hold on fellas while I put up the force-field!!) Well, ha ha, you're wrong! Ever seen the toilet duck ad on TV, the one that goes... "kill the germy Jim's under the rim..."?

In most cases if you have a germy Jim under your rim, you won't even know about it. Especially that little nasty AIDS, (bad little mite that one). You can always of course try and avoid wearing a condom. There are a virtual millennium of excuses if you are a "joe-hater", "condom avoider" or just a plain "I don't want to". But luckily there are a lot more reasons for you to slap on the "ole rubber gumboot". You may for example say the old tired and true "I don't have anything". Ha ha ha! Well you may "think" that you don't have anything, but what about me? Would you believe someone who takes all of your money, and two or three others a night? Highly unlikely! It's like expecting that lovely little seagull that you just fed not to shit on your head!!

If that fails, and you are still



trying to avoid the "semen stopper" the next excuse that you may wish to have knocked back is "Someone else didn't use one!" Oh brilliant!! This is a one in a million excuse mate! You really expect me, or anyone else, to jump into the proverbial sack with you knowing that lot? You have got to be joking!! As if I really want someone else's bugs as well as yours! I'd rather go skin-diving with piranhas, thanks anyway.

If you're still having no luck, and the lovely little lady in the short black dress (who is making you as horny as hell) still insists that you "slap it on" - try "Nah, I pay for it I don't have to wear it!"

(Note: This is a variation on the

old saying "Let those who ride decide.") At this the "lovely lady" who by now looks like she is doing an impersonation of "Attila the Hun", will probably slap you rather hard in the family hand-me-downs, and take your money for a walk, (out the door and close to Rio as she can get!).

Well, hard luck! Your excuse list has just about run out! But if you are both still insistent, her that you wear "it" and you that you don't wear "it". You have one last option, try saying that "It kills the sensation". If you don't get a laugh in the face then you will probably be attacked with reason...

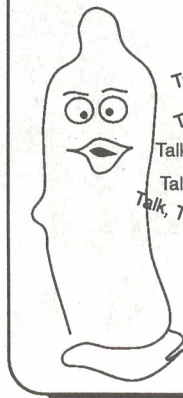
"What would you prefer? This "supposed" killed sensation or two dead corpses? You may have an over riding death wish, but I don't. (I haven't even tried bungee jumping without a bungee yet!! Weep- Weep!!)

Wake up fellas!! - We don't want to die - and we don't want you to either - you pay our rent!!...

Ashley West

Watch out for: Arthur Dalley Type Condoms

From time to time we hear about condoms being peddled around the sex industry, by various entrepreneurs. This is fine providing the condoms being marketed meet the appropriate standards and are approved by the DSIR and the Department of Health.



Talk, Talk, Talk
Talk, Talk, Talk
Talk, Talk, Talk
Talk, Talk, Talk
Talk, Talk, Talk

Things to check for are: Expiry dates; The British Standard of Approval

The following brands have been approved: Lifestyle (eg Ultrasure/Nuda/Stimula and others), R3 Superfeucht, Durex (eg Featherlite/Gossamer), Gold Knight, Trojan.

**I deserve
understanding
dignity
self respect
freedom
human rights
safer sex/clean kits
a friend
love
I am living
with HIV/AIDS**

From the National People Living With AIDS Union

"The professionals"

A bleak rainy Friday, its my first day as an 'Escort'. At lunch-time in comes the first client. I guess I'm nervous but here goes.

He seems really quite nice, we chat over small trivia, and get better acquainted. Now we are both more relaxed, we move up to more appropriate surroundings. The mood is set for sex, surprise, surprise, my client Steve wants to talk more, and as the story unravels I suddenly realise that this isn't just a sex business. It appears Steve just wants pleasant company and a listening ear. Its been a busy week for Steve who is an urban professional, with unlimited pressure. As Steve talks and unwinds I rub massage oil on my hands in preparation for a soothing massage.

The massage is almost complete, the pressure is released, the barriers crumble. Steve has changed from a tired up-tight businessman to a passive relaxed guy. Then all of a sudden, he changes again... He's all on. He wants to fulfil his wildest innermost fantasies. Phew! It didn't take long, didn't hurt. Steve feels content. Next please...

A clients perspective

Hi, my name's Sean. I'm here in your country, I'm looking for a male escort. I check out the adult section of the NZ Truth. Hey Presto, here it is, the ad read... hot handsome gay escorts, I phone the agency. The phone answers "How may I help you", Well here goes. I make enquiries as to who is available. I make my choice, a time is set.

I scoop a shower, and sip a gin and tonic. There's a knock at the door. There he is in the doorway. 6'1" of stunning, broad Kiwi hunk. I take in a deep breath and a step backwards.



There are no formalities, not even a name, the heat is on, his body is hot, there is no need for words. The next 45 minutes are sheer bliss. I pinch myself was this for real If this is NZ Hey I love it.

Agency perspective

You've just read the 2 stories above this is MY story.

I bought the Agency/Parlour 2 months ago. I've been involved over many years in successful business. I guess I had pre-conceived ideas of what the "Escort Agency" business

was like. The last 2 months have been the most enlightening of my 20 years in business. It's not what I thought it would be, its much better.

Marie - 30 years, solo parent, 2 children, a real great lady. She works for her children's needs and education

Samantha - 23, single, back at high school completing an adult education programme.

Maria - 21 years, Auckland University, Med school.

Sean - 24 years, beautiful mentor, well educated, earns \$50,000 per annum as a Co Executive. Question - why does he work? Answer - excitement, a challenge, a change.

Paul - 19 years, unemployed, works just for the money.

These are a few examples of the people who work for me.

Without sounding ... they have a brain just like you and I, feelings as well. Their problems are no different from yours or mine. I enjoy working with them, I like my agency business, it may seem different than the normal mundane day to day business. But hey, what is normal? them or us?

Spread the word not the virus!

Confirmed tests to HIV antibodies as of October 1990

| | | | | |
|---|-----------------------------|-----|-------------------------|-----|
| a | Total number positive tests | 596 | 60+ | 12 |
| b | sex - male: | 536 | not stated | 66 |
| | - female: | 29 | | |
| | - not stated: | 31 | d Risk group | |
| c | Age groups(years) | | Homosexual men: | 327 |
| | 0-9 | 7 | Haemophiliac: | 31 |
| | 10-19 | 14 | Transfusion: | 14 |
| | 20-29 | 165 | Heterosexual contact: | 12 |
| | 30-39 | 208 | IV drug user | 12 |
| | 40-49 | 97 | Homosexual IV drug user | 7 |
| | 50-59 | 27 | Not stated/unknown | 193 |



Because we're too old or too young or we're too fat and
you're not exactly Mr Universe, or we're too white or too
black or the management complains because our dresses are
too short or not short enough and that our hair is too short
and our make-up is too thick or not dark enough and our
stockings always run and the towels pile up and the agency
fee covers nothing and we're always being fined for
something that is our basic right, or the driver puts the
"word" on us and a new boss thinks we're stupid enough to
give him or his friends a "free one" before we start, or the
manageress takes a dislike to us and makes our shift pure
hell and the new girl gets all the jobs, and our
hair won't sit right and the clients
demand "miss perfect" and
they look like Atilla the Hun
and they try to bargain for
our bodies and never give us
a tip, or because we could be
raped and the law does nothing
to protect us, and the boss takes
advantage of us and the clients
are drunk and can't get it up or
can't cum and it's always our
fault, and the hours are long but
the phone never rings when the
rent's overdue and our boyfriend
"borrows" our money and never
pays it back and... for lots of
other reasons we're part of the
New Zealand Prostitutes Collective

Sherrie Lee Stone

UPdate

Drop in Centres

It's pleasing to see the number of people dropping into NZPC centres is steadily increasing. If you are not sure of our hours please ring first to check that we are there.

Thanks to all those who help out and give their support.

Visitors from Overseas

NZPC met with some doctors from the Peoples Republic of China in March.

Watch out for our poster in Tienamin Square.

Seriously, China is grappling with an increase of numbers of people with HIV/AIDS especially in the injecting-drug communities. The doctors smiled and shook their heads when asked if there were any sex workers in China, maybe there's a gap in the market.

60 Minutes/Sharlene

Resurrected the issue of HIV-positive sex workers continuing to work. Concern predict-

ably was for the innocent married man. "Yes, yes" we know the very same type who drinks too much and pleads with sex workers to let him do it without a condom. Sigh. Sigh.

The overwhelming evidence shows that sex workers far from transmitting STDs (including HIV) to their clients actually play a significant role in preventing STDs from finding their way to the marital bed.

Mr Randy: A Play

Cast

Mr Randy (married of course)

Sex worker

Nightclub pickup

Mr Randy: "You're cute"

Nightclub pickup: "So are you"

Mr Randy: "Let's go for it"

Nightclub pickup: "Okay"

Mr Randy: "No condom"

Nightclub pickup: "Who cares."

Mr Randy: "You're cute"

Sex worker: "So are you"

Mr Randy: "Let's go for it"

Sex worker: "Okay"

Mr Randy: "No condom"

Sex worker: "Piss off mate - no joe no go."

Badlands Sydney Manager

Thanks to Bronyar and Paris from the Badlands project in Sydney for meeting with us even though you were supposed to be on holiday. Badlands provides education and support (sometimes live in) for people who are HIV positive. Some of their work is with sex workers who have become infected mainly through sharing drug equipment.

New Support Group

Leisa is interested in starting a support group for sex workers in Wanganui. If you would like to find out more contact Leisa Tel 063-454-219 or NZPC Wellington 828-791.

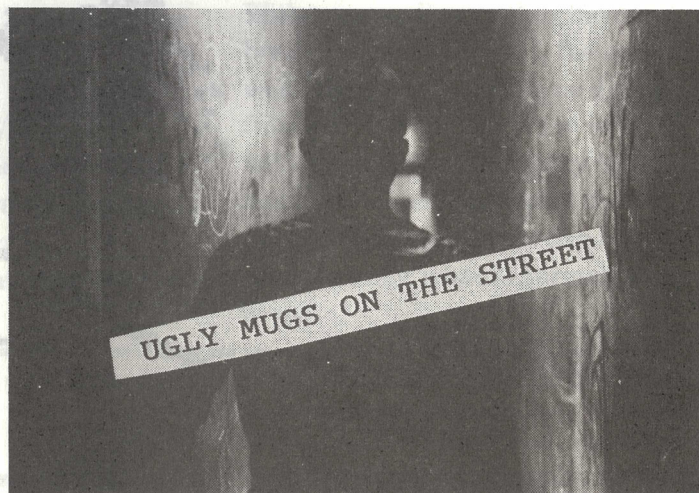
UGLY MUGS

If you have a client who turns out to be an Ugly Mug, let us know with as much detail as possible for inclusion in the Ugly Mugs list.

When you are working, have someone keep an eye on you when you get into a vehicle, so that they get a description of the vehicle. Sometimes you may get dumped out of the vehicle - try and memorise the vehicle's registration number if you can.

Be Careful Out There. Practice Safe Sex. Look After One Another

If you would like the Ugly Mugs list sent to you regularly, just call our Collective branches and ask.



Ugly Mugs on the Street

Having this list and sharing your knowledge of Ugly Mugs with others helps to make working in the sex industry safer. If you have had trouble with a client, fill out the description sheet on the next page, then phone it through to your branch of NZPC (AK-3666-106/WGTM 828-791/CHCH 652-595/ Dunedin 4776 988 - or bring it to us.

U G L Y
M U G S

DESCRIPTION OF VEHICLE

Colour

Make

Distinguishing features

Number Plate

DESCRIPTION OF MUG

Name

Age

Height

Hair/Beard

Eyes

Distinguishing features (tattoos etc)

Nationality

What does he do?

Weapons

Credit Card #



NZPC

NZ Prostitutes Collective
National Office PO Box 11-412
Manners St, Wellington.

We provide...

- Support and a friendly environment
- Condoms and water-based lubricants
- Magazines for workers in the sex industry
- Information on HIV/AIDS and other STDs
- Referral service to sympathetic doctors and other complementary agencies

NZPC Centres

● **Auckland**
227a Symonds St
Phone (09) 3666-106

● **Wellington**
282 Cuba St
Phone (04) 828-791

● **Christchurch**
Phone (03) 652-595

● **Dunedin**
Phone 03-4776-988



So

Pop in and have a chat or phone us up! If you get the answer-phone, be sure to leave a message and someone will call you back as soon as possible.